

117TH CONGRESS  
2D SESSION

# H. R. 8862

To invest in real pro-life policies that support the American family, and  
for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 15, 2022

Mr. PHILLIPS (for himself, Ms. DELAURO, Ms. BARRAGÁN, Ms. MENG, Ms. KELLY of Illinois, Mr. CARSON, Ms. PORTER, Ms. NORTON, Ms. WILSON of Florida, Mr. NADLER, Mr. MICHAEL F. DOYLE of Pennsylvania, Mr. KHANNA, Mrs. KIRKPATRICK, Mr. NEGUSE, Mr. CICILLINE, Ms. VELÁZQUEZ, Mr. EVANS, Ms. ADAMS, Ms. LOFGREN, Mr. CONNOLLY, Ms. MCCOLLUM, Ms. SCHAKOWSKY, Mrs. TORRES of California, Ms. ESCOBAR, Mr. GRIJALVA, Mr. COHEN, Ms. MOORE of Wisconsin, Ms. TITUS, and Mr. LIEU) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Financial Services, Transportation and Infrastructure, Education and Labor, the Judiciary, Natural Resources, Agriculture, Veterans' Affairs, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To invest in real pro-life policies that support the American  
family, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2       This Act may be cited as the “Providing Real Oppor-  
3 tunities and Lifelong Investments For Everyone Act of  
4 2022” or the “PRO–LIFE Act of 2022”.

5 **SEC. 2. TABLE OF CONTENTS.**

6       The table of contents for this Act is as follows:

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# **TITLE I—BLACK MATERNAL HEALTH MOMNIBUS**

## **SEC. 1000. DEFINITIONS; SENSE OF CONGRESS.**

(a) DEFINITIONS.—In this title:

(1) CULTURALLY CONGRUENT.—The term “culturally congruent”, with respect to care or maternity care, means care that is in agreement with the preferred cultural values, beliefs, worldview, language, and practices of the health care consumer and other stakeholders.

(2) MATERNITY CARE PROVIDER.—The term “maternity care provider” means a health care provider who—

(A) is a physician, physician assistant, midwife who meets at a minimum the international definition of the midwife and global standards for midwifery education as established by the International Confederation of Midwives, nurse practitioner, or clinical nurse specialist; and

(B) has a focus on maternal or perinatal health.

1           (3) MATERNAL MORTALITY.—The term “mater-  
2       nal mortality” means a death occurring during or  
3       within a one-year period after pregnancy, caused by  
4       pregnancy-related or childbirth complications, in-  
5       cluding a suicide, overdose, or other death resulting  
6       from a mental health or substance use disorder at-  
7       tributed to or aggravated by pregnancy-related or  
8       childbirth complications.

9           (4) PERINATAL HEALTH WORKER.—The term  
10      “perinatal health worker” means a doula, commu-  
11      nity health worker, peer supporter, breastfeeding  
12      and lactation educator or counselor, nutritionist or  
13      dietitian, childbirth educator, social worker, home  
14      visitor, language interpreter, or navigator.

15          (5) POSTPARTUM AND POSTPARTUM PERIOD.—  
16      The terms “postpartum” and “postpartum period”  
17      refer to the 1-year period beginning on the last day  
18      of the pregnancy of an individual.

19          (6) PREGNANCY-ASSOCIATED DEATH.—The  
20      term “pregnancy-associated death” means a death of  
21      a pregnant or postpartum individual, by any cause,  
22      that occurs during, or within 1 year following, the  
23      individual’s pregnancy, regardless of the outcome,  
24      duration, or site of the pregnancy.

1           (7) PREGNANCY-RELATED DEATH.—The term  
2           “pregnancy-related death” means a death of a preg-  
3           nant or postpartum individual that occurs during, or  
4           within 1 year following, the individual’s pregnancy,  
5           from a pregnancy complication, a chain of events  
6           initiated by pregnancy, or the aggravation of an un-  
7           related condition by the physiologic effects of preg-  
8           nancy.

9           (8) RACIAL AND ETHNIC MINORITY GROUP.—  
10          The term “racial and ethnic minority group” has the  
11          meaning given such term in section 1707(g)(1) of  
12          the Public Health Service Act (42 U.S.C. 300u–  
13          6(g)(1)).

14          (9) SEVERE MATERNAL MORBIDITY.—The term  
15          “severe maternal morbidity” means a health condi-  
16          tion, including mental health conditions and sub-  
17          stance use disorders, attributed to or aggravated by  
18          pregnancy or childbirth that results in significant  
19          short-term or long-term consequences to the health  
20          of the individual who was pregnant.

21          (10) SOCIAL DETERMINANTS OF MATERNAL  
22          HEALTH DEFINED.—The term “social determinants  
23          of maternal health” means non-clinical factors that  
24          impact maternal health outcomes, including—

1           (A) economic factors, which may include  
2           poverty, employment, food security, support for  
3           and access to lactation and other infant feeding  
4           options, housing stability, and related factors;

5           (B) neighborhood factors, which may in-  
6           clude quality of housing, access to transpor-  
7           tation, access to child care, availability of  
8           healthy foods and nutrition counseling, avail-  
9           ability of clean water, air and water quality,  
10          ambient temperatures, neighborhood crime and  
11          violence, access to broadband, and related fac-  
12          tors;

13          (C) social and community factors, which  
14          may include systemic racism, gender discrimi-  
15          nation or discrimination based on other pro-  
16          tected classes, workplace conditions, incarcer-  
17          ation, and related factors;

18          (D) household factors, which may include  
19          ability to conduct lead testing and abatement,  
20          car seat installation, indoor air temperatures,  
21          and related factors;

22          (E) education access and quality factors,  
23          which may include educational attainment, lan-  
24          guage and literacy, and related factors; and



1 (F) health care access factors, including  
 2 health insurance coverage, access to culturally  
 3 congruent health care services, providers, and  
 4 non-clinical support, access to home visiting  
 5 services, access to wellness and stress manage-  
 6 ment programs, health literacy, access to tele-  
 7 health and items required to receive telehealth  
 8 services, and related factors.

9 (b) SENSE OF CONGRESS.—It is the sense of Con-  
 10 gress that—

11 (1) the respect and proper care that birthing  
 12 people deserve is inclusive; and

13 (2) regardless of race, ethnicity, gender iden-  
 14 tity, sexual orientation, religion, marital status, fa-  
 15 milial status, socioeconomic status, immigration sta-  
 16 tus, incarceration status, or disability, all deserve  
 17 dignity.

## 18 **Subtitle A—Social Determinants** 19 **for Moms**

### 20 **SEC. 1001. TASK FORCE TO DEVELOP A STRATEGY TO AD-** 21 **DRESS SOCIAL DETERMINANTS OF MATER-** 22 **NAL HEALTH.**

23 (a) IN GENERAL.—The Secretary of Health and  
 24 Human Services shall convene a task force (in this section  
 25 referred to as the “Task Force”) to develop a strategy

1 to coordinate efforts between Federal agencies to address  
2 social determinants of maternal health with respect to  
3 pregnant and postpartum individuals.

4 (b) EX OFFICIO MEMBERS.—The ex officio members  
5 of the Task Force shall consist of the following:

6 (1) The Secretary of Health and Human Serv-  
7 ices (or a designee thereof).

8 (2) The Secretary of Housing and Urban Devel-  
9 opment (or a designee thereof).

10 (3) The Secretary of Transportation (or a des-  
11 ignee thereof).

12 (4) The Secretary of Agriculture (or a designee  
13 thereof).

14 (5) The Secretary of Labor (or a designee  
15 thereof).

16 (6) The Administrator of the Environmental  
17 Protection Agency (or a designee thereof).

18 (7) The Assistant Secretary for the Administra-  
19 tion for Children and Families (or a designee there-  
20 of).

21 (8) The Administrator of the Centers for Medi-  
22 care & Medicaid Services (or a designee thereof).

23 (9) The Director of the Indian Health Service  
24 (or a designee thereof).

1           (10) The Director of the National Institutes of  
2       Health (or a designee thereof).

3           (11) The Administrator of the Health Re-  
4       sources and Services Administration (or a designee  
5       thereof).

6           (12) The Deputy Assistant Secretary for Minor-  
7       ity Health of the Department of Health and Human  
8       Services (or a designee thereof).

9           (13) The Deputy Assistant Secretary for Wom-  
10      en's Health of the Department of Health and  
11      Human Services (or a designee thereof).

12          (14) The Director of the Centers for Disease  
13      Control and Prevention (or a designee thereof).

14          (15) The Director of the Office on Violence  
15      Against Women at the Department of Justice (or a  
16      designee thereof).

17      (c) APPOINTED MEMBERS.—In addition to the ex  
18      officio members of the Task Force, the Secretary of  
19      Health and Human Services shall appoint the following  
20      members of the Task Force:

21           (1) At least two representatives of patients, to  
22      include—

23           (A) a representative of patients who have  
24      suffered from severe maternal morbidity; or

1 (B) a representative of patients who is a  
2 family member of an individual who suffered a  
3 pregnancy-related death.

4 (2) At least two leaders of community-based or-  
5 ganizations that address maternal mortality and se-  
6 vere maternal morbidity with a specific focus on ra-  
7 cial and ethnic disparities. In appointing such lead-  
8 ers under this paragraph, the Secretary of Health  
9 and Human Services shall give priority to individ-  
10 uals who are leaders of organizations led by individ-  
11 uals from racial and ethnic minority groups.

12 (3) At least two perinatal health workers.

13 (4) A professionally diverse panel of maternity  
14 care providers.

15 (d) CHAIR.—The Secretary of Health and Human  
16 Services shall select the chair of the Task Force from  
17 among the members of the Task Force.

18 (e) REPORT.—Not later than 2 years after the date  
19 of the enactment of this Act, the Task Force shall submit  
20 to Congress a report on—

21 (1) the strategy developed under subsection (a);

22 (2) recommendations on funding amounts with  
23 respect to implementing such strategy; and

24 (3) recommendations for how to expand cov-  
25 erage of social services to address social deter-

1 minants of maternal health under Medicaid managed  
2 care organizations and State Medicaid programs.

3 (f) TERMINATION.—Section 14 of the Federal Advi-  
4 sory Committee Act (5 U.S.C. App.) shall not apply to  
5 the Task Force with respect to termination.

6 **SEC. 1002. HOUSING FOR MOMS GRANT PROGRAM.**

7 (a) IN GENERAL.—The Secretary of Housing and  
8 Urban Development shall establish a Housing for Moms  
9 grant program under this section to make grants to eligi-  
10 ble entities to increase access to safe, stable, affordable,  
11 and adequate housing for pregnant and postpartum indi-  
12 viduals and their families.

13 (b) APPLICATION.—To be eligible to receive a grant  
14 under this section, an eligible entity shall submit to the  
15 Secretary an application at such time, in such manner,  
16 and containing such information as the Secretary may  
17 provide.

18 (c) PRIORITY.—In awarding grants under this sec-  
19 tion, the Secretary shall give priority to an eligible entity  
20 that—

21 (1) is a community-based organization or will  
22 partner with a community-based organization to im-  
23 plement initiatives to increase access to safe, stable,  
24 affordable, and adequate housing for pregnant and  
25 postpartum individuals and their families;

1           (2) is operating in an area with high rates of  
2       adverse maternal health outcomes or significant ra-  
3       cial or ethnic disparities in maternal health out-  
4       comes, to the extent such data are available; and

5           (3) is operating in an area with a high poverty  
6       rate or significant number of individuals who lack  
7       consistent access to safe, stable, affordable, and ade-  
8       quate housing.

9       (d) USE OF FUNDS.—An eligible entity that receives  
10   a grant under this section shall use funds under the grant  
11   for the purposes of—

12           (1) identifying and conducting outreach to  
13       pregnant and postpartum individuals who are low-in-  
14       come and lack consistent access to safe, stable, af-  
15       fordable, and adequate housing;

16           (2) providing safe, stable, affordable, and ade-  
17       quate housing options to such individuals;

18           (3) connecting such individuals with local orga-  
19       nizations offering safe, stable, affordable, and ade-  
20       quate housing options;

21           (4) providing application assistance to such in-  
22       dividuals seeking to enroll in programs offering safe,  
23       stable, affordable, and adequate housing options;

24           (5) providing direct financial assistance to such  
25       individuals for the purposes of maintaining safe, sta-

1 ble, and adequate housing for the duration of the in-  
2 dividual's pregnancy and postpartum periods; and

3 (6) working with relevant stakeholders to en-  
4 sure that local housing and homeless shelter infra-  
5 structure is supportive to pregnant and postpartum  
6 individuals, including through—

7 (A) health-promoting housing codes;

8 (B) enforcement of housing codes;

9 (C) proactive rental inspection programs;

10 (D) code enforcement officer training; and

11 (E) partnerships between regional offices

12 of the Department of Housing and Urban De-

13 velopment and community-based organizations

14 to ensure housing laws are understood and vio-

15 lations are discovered.

16 (e) REPORTING.—

17 (1) ELIGIBLE ENTITIES.—The Secretary shall  
18 require each eligible entity receiving a grant under  
19 this section to annually submit to the Secretary and  
20 make publicly available a report on the status of ac-  
21 tivities conducted using the grant.

22 (2) SECRETARY.—Not later than the end of  
23 each fiscal year in which grants are made under this  
24 section, the Secretary shall submit to the Congress  
25 and make publicly available a report that—

1 (A) summarizes the reports received under  
2 paragraph (1);

3 (B) evaluates the effectiveness of grants  
4 awarded under this section in increasing access  
5 to safe, stable, affordable, and adequate hous-  
6 ing for pregnant and postpartum individuals  
7 and their families; and

8 (C) makes recommendations with respect  
9 to ensuring activities described subsection (d)  
10 continue after grant amounts made available  
11 under this section are expended.

12 (f) DEFINITIONS.—In this section:

13 (1) ELIGIBLE ENTITY.—The term “eligible enti-  
14 ty” means—

15 (A) a community-based organization;

16 (B) a State or local governmental entity,  
17 including a State or local public health depart-  
18 ment;

19 (C) an Indian tribe or tribal organization  
20 (as such terms are defined in section 4 of the  
21 Indian Self-Determination and Education As-  
22 sistance Act (25 U.S.C. 5304)); or

23 (D) an Urban Indian organization (as such  
24 term is defined in section 4 of the Indian



1 Health Care Improvement Act (25 U.S.C.  
2 1603)).

3 (2) SECRETARY.—The term “Secretary” means  
4 the Secretary of Housing and Urban Development.

5 (g) AUTHORIZATION OF APPROPRIATIONS.—There is  
6 authorized to be appropriated to carry out this section  
7 \$10,000,000 for fiscal year 2023, which shall remain  
8 available until expended.

9 **SEC. 1003. DEPARTMENT OF TRANSPORTATION.**

10 (a) REPORT.—Not later than one year after the date  
11 of enactment of this Act, the Secretary of Transportation  
12 shall submit to Congress and make publicly available a  
13 report containing—

14 (1) an assessment of transportation barriers  
15 preventing individuals from attending prenatal and  
16 postpartum appointments, accessing maternal health  
17 care services, or accessing services and resources re-  
18 lated to social determinants maternal of health;

19 (2) recommendations on how to overcome the  
20 barriers assessed under paragraph (1); and

21 (3) an assessment of transportation safety risks  
22 for pregnant individuals and recommendations on  
23 how to mitigate such risks.

1 (b) CONSIDERATIONS.—In carrying out subsection  
 2 (a), the Secretary shall give special consideration to solu-  
 3 tions for—

4 (1) pregnant and postpartum individuals living  
 5 in a health professional shortage area designated  
 6 under section 332 of the Public Health Service Act  
 7 (42 U.S.C. 254e);

8 (2) pregnant and postpartum individuals living  
 9 in areas with high maternal mortality or severe mor-  
 10 bidity rates or significant racial or ethnic disparities  
 11 in maternal health outcomes; or

12 (3) pregnant and postpartum individuals with a  
 13 disability that impacts mobility.

14 **SEC. 1004. DEPARTMENT OF AGRICULTURE.**

15 (a) SPECIAL SUPPLEMENTAL NUTRITION PRO-  
 16 GRAM.—

17 (1) EXTENSION OF POSTPARTUM PERIOD.—  
 18 Section 17(b)(10) of the Child Nutrition Act of  
 19 1966 (42 U.S.C. 1786(b)(10)) is amended by strik-  
 20 ing “six months” and inserting “24 months”.

21 (2) EXTENSION OF BREASTFEEDING PERIOD.—  
 22 Section 17(d)(3)(A)(ii) of the Child Nutrition Act of  
 23 1966 (7 U.S.C. 1431(d)(3)(A)(ii)) is amended by  
 24 striking “1 year” and inserting “24 months”.

1           (3) REPORT.—Not later than 2 years after the  
2           date of the enactment of this section, the Secretary  
3           shall submit to Congress a report that includes an  
4           evaluation of the effect of each of the amendments  
5           made by this subsection on—

6                   (A) maternal and infant health outcomes,  
7                   including racial and ethnic disparities with re-  
8                   spect to such outcomes;

9                   (B) breastfeeding rates among postpartum  
10                  individuals;

11                  (C) qualitative evaluations of family experi-  
12                  ences under the special supplemental nutrition  
13                  program under section 17 of the Child Nutri-  
14                  tion Act of 1966 (42 U.S.C. 1786); and

15                  (D) other relevant information as deter-  
16                  mined by the Secretary.

17           (b) GRANT PROGRAM FOR HEALTHY FOOD AND  
18           CLEAN WATER FOR PREGNANT AND POSTPARTUM INDIV-  
19           VIDUALS.—

20                   (1) IN GENERAL.—The Secretary shall establish  
21                   a program to award grants, on a competitive basis,  
22                   to eligible entities to carry out the activities de-  
23                   scribed in paragraph (4).

24                   (2) APPLICATION.—To be eligible for a grant  
25                   under this subsection, an eligible entity shall submit

1 to the Secretary an application at such time, in such  
2 manner, and containing such information as the Sec-  
3 retary determines appropriate.

4 (3) PRIORITY.—In awarding grants under this  
5 subsection, the Secretary shall give priority to an eli-  
6 gible entity that—

7 (A) is, or will partner with, a community-  
8 based organization; and

9 (B) is operating in an area with high rates  
10 of—

11 (i) adverse maternal health outcomes;

12 or

13 (ii) significant racial or ethnic dispari-  
14 ties in maternal health outcomes.

15 (4) USE OF FUNDS.—An eligible entity shall  
16 use grant funds awarded under this subsection to  
17 deliver healthy food, infant formula, clean water, or  
18 diapers to pregnant and postpartum individuals lo-  
19 cated in areas that are food deserts, as determined  
20 by the Secretary using data from the Food Access  
21 Research Atlas of the Department of Agriculture.

22 (5) REPORTS.—

23 (A) ELIGIBLE ENTITY.—Not later than 1  
24 year after an eligible entity first receives a  
25 grant under this subsection, and annually there-

1 after, an eligible entity shall submit to the Sec-  
2 retary a report on the status of activities con-  
3 ducted using the grant, which shall contain  
4 such information as the Secretary may require.

5 (B) SECRETARY.—

6 (i) IN GENERAL.—Not later than 2  
7 years after the date on which the first  
8 grant is awarded under this subsection, the  
9 Secretary shall submit to Congress a re-  
10 port that includes—

11 (I) a summary of the reports  
12 submitted under subparagraph (A);

13 (II) an assessment of the extent  
14 to which food distributed through the  
15 grant program was purchased from  
16 local and regional food systems;

17 (III) an evaluation of the effect  
18 of the grant program under this sub-  
19 section on maternal and infant health  
20 outcomes, including racial and ethnic  
21 disparities with respect to such out-  
22 comes; and

23 (IV) recommendations with re-  
24 spect to ensuring the activities de-  
25 scribed in paragraph (4) continue

1 after the grant period funding such  
2 activities expires.

3 (ii) PUBLICATION.—The Secretary  
4 shall make the report submitted under  
5 clause (i) publicly available on the website  
6 of the Department of Agriculture.

7 (6) AUTHORIZATION OF APPROPRIATIONS.—  
8 There are authorized to be appropriated \$5,000,000  
9 to carry out this subsection for fiscal years 2023  
10 through 2025.

11 (c) DEFINITIONS.—In this section:

12 (1) ELIGIBLE ENTITY.—The term “eligible enti-  
13 ty” means—

14 (A) a community-based organization;

15 (B) a State or local governmental entity,  
16 including a State or local public health depart-  
17 ment;

18 (C) an Indian tribe or tribal organization  
19 (as such terms are defined in section 4 of the  
20 Indian Self-Determination and Education As-  
21 sistance Act (25 U.S.C. 5304)); or

22 (D) an Urban Indian organization (as such  
23 term is defined in section 4 of the Indian  
24 Health Care Improvement Act (25 U.S.C.  
25 1603)).

1           (2) SECRETARY.—The term “Secretary” means  
2           the Secretary of Agriculture.

3   **SEC. 1005. ENVIRONMENTAL STUDY THROUGH NATIONAL**  
4           **ACADEMIES.**

5           (a) IN GENERAL.—The Administrator of the Envi-  
6   ronmental Protection Agency shall seek to enter an agree-  
7   ment, not later than 60 days after the date of enactment  
8   of this Act, with the National Academies of Sciences, En-  
9   gineering, and Medicine (referred to in this section as the  
10  “National Academies”) under which the National Acad-  
11  emies agree to conduct a study on the impacts of water  
12  and air quality, exposure to extreme temperatures, envi-  
13  ronmental chemicals, environmental risks in the workplace  
14  and the home, and pollution levels, on maternal and infant  
15  health outcomes.

16          (b) STUDY REQUIREMENTS.—The agreement under  
17  subsection (a) shall direct the National Academies to make  
18  recommendations for—

19               (1) improving environmental conditions to im-  
20               prove maternal and infant health outcomes; and

21               (2) reducing or eliminating racial and ethnic  
22               disparities in such outcomes.

23          (c) REPORT.—The agreement under subsection (a)  
24  shall direct the National Academies to complete the study  
25  under this section, and transmit to the Congress and make

1 publicly available a report on the results of the study, not  
2 later than 12 months after the date of enactment of this  
3 Act.

4 **SEC. 1006. CHILD CARE ACCESS.**

5 (a) GRANT PROGRAM.—The Secretary of Health and  
6 Human Services (in this section referred to as the “Sec-  
7 retary”) shall award grants to eligible organizations to  
8 provide pregnant and postpartum individuals with free  
9 and accessible drop-in child care services during prenatal  
10 and postpartum appointments.

11 (b) APPLICATION.—To be eligible to receive a grant  
12 under this section, an eligible entity shall submit to the  
13 Secretary an application at such time, in such manner,  
14 and containing such information as the Secretary may re-  
15 quire.

16 (c) ELIGIBLE ORGANIZATIONS.—

17 (1) ELIGIBILITY.—To be eligible to receive a  
18 grant under this section, an organization shall be an  
19 organization that provides child care services and  
20 can carry out programs providing pregnant and  
21 postpartum individuals with free and accessible  
22 drop-in child care services during prenatal and  
23 postpartum appointments.

24 (2) PRIORITIZATION.—In selecting grant recipi-  
25 ents under this section, the Secretary shall give pri-



1 ority to eligible organizations that operate in an area  
2 with high rates of adverse maternal health outcomes  
3 or significant racial or ethnic disparities in maternal  
4 health outcomes, to the extent such data are avail-  
5 able.

6 (d) TIMING.—The Secretary shall commence the  
7 grant program under subsection (a) not later than 1 year  
8 after the date of enactment of this Act.

9 (e) REPORTING.—

10 (1) GRANTEES.—Each recipient of a grant  
11 under this section shall annually submit to the Sec-  
12 retary and make publicly available a report on the  
13 status of activities conducted using the grant. Each  
14 such report shall include—

15 (A) an analysis of the effect of the funded  
16 program on prenatal and postpartum appoint-  
17 ment attendance rates;

18 (B) summaries of qualitative assessments  
19 of the funded program from—

20 (i) pregnant and postpartum individ-  
21 uals participating in the program; and

22 (ii) the families of such individuals;  
23 and

24 (C) such additional information as the Sec-  
25 retary may require.

1           (2) SECRETARY.—Not later than the end of fis-  
2       cal year 2025, the Secretary shall submit to the  
3       Congress and make publicly available a report con-  
4       taining the following:

5                   (A) A summary of the reports under para-  
6       graph (1).

7                   (B) An assessment of the effects, if any, of  
8       the funded programs on maternal health out-  
9       comes, with a specific focus on racial and ethnic  
10      disparities in such outcomes.

11                  (C) A description of actions the Secretary  
12      can take to ensure that pregnant and  
13      postpartum individuals eligible for medical as-  
14      sistance under a State plan under title XIX of  
15      the Social Security Act (42 U.S.C. 1936 et  
16      seq.) have access to free and accessible drop-in  
17      child care services during prenatal and  
18      postpartum appointments, including identifica-  
19      tion of the funding necessary to carry out such  
20      actions.

21           (f) DROP-IN CHILD CARE SERVICES DEFINED.—In  
22      this section, the term “drop-in child care services” means  
23      child care and early childhood education services that  
24      are—

1           (1) delivered at a facility that meets the re-  
2           quirements of all applicable laws and regulations of  
3           the State or local government in which it is located,  
4           including the licensing of the facility as a child care  
5           facility; and

6           (2) provided in single encounters without re-  
7           quiring full-time enrollment of a person in a child  
8           care program.

9           (g) AUTHORIZATION OF APPROPRIATIONS.—To carry  
10          out this section, there is authorized to be appropriated  
11          \$5,000,000 for the period of fiscal years 2023 through  
12          2025.

13       **SEC. 1007. GRANTS TO LOCAL ENTITIES ADDRESSING SO-**  
14                               **CIAL     DETERMINANTS     OF     MATERNAL**  
15                               **HEALTH.**

16          (a) IN GENERAL.—The Secretary of Health and  
17          Human Services (in this section referred to as the “Sec-  
18          retary”) shall award grants to eligible entities to—

19               (1) address social determinants of maternal  
20               health for pregnant and postpartum individuals; and

21               (2) eliminate racial and ethnic disparities in  
22               maternal health outcomes.

23          (b) APPLICATION.—To be eligible to receive a grant  
24          under this subsection an eligible entity shall submit to the  
25          Secretary an application at such time, in such manner,

1 and containing such information as the Secretary may  
2 provide.

3 (c) PRIORITIZATION.—In awarding grants under sub-  
4 section (a), the Secretary shall give priority to an eligible  
5 entity that—

6 (1) is, or will partner with, a community-based  
7 organization to carrying out the activities under sub-  
8 section (d);

9 (2) is operating in an area with high rates of  
10 adverse maternal health outcomes or significant ra-  
11 cial or ethnic disparities in maternal health out-  
12 comes; and

13 (3) is operating in an area with a high poverty  
14 rate.

15 (d) ACTIVITIES.—An eligible entity that receives a  
16 grant under this section may—

17 (1) hire and retain staff;

18 (2) develop and distribute a list of available re-  
19 sources with respect to social service programs in a  
20 community;

21 (3) establish a resource center that provides  
22 multiple social service programs in a single location;

23 (4) offer programs and resources in the commu-  
24 nities in which the respective eligible entities are lo-

1 cated to address social determinants of health for  
2 pregnant and postpartum individuals; and

3 (5) consult with such pregnant and postpartum  
4 individuals to conduct an assessment of the activities  
5 under this subsection.

6 (e) TECHNICAL ASSISTANCE.—The Secretary shall  
7 provide to grant recipients under this section technical as-  
8 sistance to plan for sustaining programs to address social  
9 determinants of maternal health among pregnant and  
10 postpartum individuals after the period of the grant.

11 (f) REPORTING.—

12 (1) GRANTEES.—Not later than 1 year after an  
13 eligible entity first receives a grant under this sec-  
14 tion, and annually thereafter, an eligible entity shall  
15 submit to the Secretary, and make publicly available,  
16 a report on the status of activities conducted using  
17 the grant. Each such report shall include data on  
18 the effects of such activities, disaggregated by race,  
19 ethnicity, gender, and other relevant factors.

20 (2) SECRETARY.—Not later than the end of fis-  
21 cal year 2027, the Secretary shall submit to Con-  
22 gress a report that includes—

23 (A) a summary of the reports under para-  
24 graph (1); and

25 (B) recommendations for—

- 1 (i) improving maternal health out-  
2 comes; and  
3 (ii) reducing or eliminating racial and  
4 ethnic disparities in maternal health out-  
5 comes.

6 (g) AUTHORIZATION OF APPROPRIATIONS.—There is  
7 authorized to be appropriated to carry out this section  
8 \$15,000,000 for each of fiscal years 2023 through 2027.

9 **Subtitle B—Honoring Kira Johnson**

10 **SEC. 1101. INVESTMENTS IN COMMUNITY-BASED ORGANI-**  
11 **ZATIONS TO IMPROVE BLACK MATERNAL**  
12 **HEALTH OUTCOMES.**

13 (a) AWARDS.—Following the 1-year period described  
14 in subsection (c), the Secretary of Health and Human  
15 Services (in this section referred to as the “Secretary”)  
16 shall award grants to eligible entities to establish or ex-  
17 pand programs to prevent maternal mortality and severe  
18 maternal morbidity among Black pregnant and  
19 postpartum individuals.

20 (b) ELIGIBILITY.—To be eligible to seek a grant  
21 under this section, an entity shall be a community-based  
22 organization offering programs and resources aligned with  
23 evidence-based practices for improving maternal health  
24 outcomes for Black pregnant and postpartum individuals.

1 (c) OUTREACH AND TECHNICAL ASSISTANCE PE-  
2 RIOD.—During the 1-year period beginning on the date  
3 of enactment of this Act, the Secretary shall—

4 (1) conduct outreach to encourage eligible enti-  
5 ties to apply for grants under this section; and

6 (2) provide technical assistance to eligible enti-  
7 ties on best practices for applying for grants under  
8 this section.

9 (d) SPECIAL CONSIDERATION.—

10 (1) OUTREACH.—In conducting outreach under  
11 subsection (c), the Secretary shall give special con-  
12 sideration to eligible entities that—

13 (A) are based in, and provide support for,  
14 communities with high rates of adverse mater-  
15 nal health outcomes or significant racial and  
16 ethnic disparities in maternal health outcomes,  
17 to the extent such data are available;

18 (B) are led by Black women; and

19 (C) offer programs and resources that are  
20 aligned with evidence-based practices for im-  
21 proving maternal health outcomes for Black  
22 pregnant and postpartum individuals.

23 (2) AWARDS.—In awarding grants under this  
24 section, the Secretary shall give special consideration  
25 to eligible entities that—

1 (A) are described in subparagraphs (A),  
2 (B), and (C) of paragraph (1);

3 (B) offer programs and resources designed  
4 in consultation with and intended for Black  
5 pregnant and postpartum individuals; and

6 (C) offer programs and resources in the  
7 communities in which the respective eligible en-  
8 tities are located that—

9 (i) promote maternal mental health  
10 and maternal substance use disorder treat-  
11 ments and supports that are aligned with  
12 evidence-based practices for improving ma-  
13 ternal mental and behavioral health out-  
14 comes for Black pregnant and postpartum  
15 individuals;

16 (ii) address social determinants of ma-  
17 ternal health for pregnant and postpartum  
18 individuals;

19 (iii) promote evidence-based health lit-  
20 eracy and pregnancy, childbirth, and par-  
21 enting education for pregnant and  
22 postpartum individuals;

23 (iv) provide support from perinatal  
24 health workers to pregnant and  
25 postpartum individuals;



1 (v) provide culturally congruent train-  
2 ing to perinatal health workers;

3 (vi) conduct or support research on  
4 maternal health issues disproportionately  
5 impacting Black pregnant and postpartum  
6 individuals;

7 (vii) provide support to family mem-  
8 bers of individuals who suffered a preg-  
9 nancy-associated death or pregnancy-re-  
10 lated death;

11 (viii) operate midwifery practices that  
12 provide culturally congruent maternal  
13 health care and support, including for the  
14 purposes of—

15 (I) supporting additional edu-  
16 cation, training, and certification pro-  
17 grams, including support for distance  
18 learning;

19 (II) providing financial support  
20 to current and future midwives to ad-  
21 dress education costs, debts, and  
22 other needs;

23 (III) clinical site investments;

24 (IV) supporting preceptor devel-  
25 opment trainings;

1 (V) expanding the midwifery  
2 practice; or

3 (VI) related needs identified by  
4 the midwifery practice and described  
5 in the practice's application; or

6 (ix) have developed other programs  
7 and resources that address community-spe-  
8 cific needs for pregnant and postpartum  
9 individuals and are aligned with evidence-  
10 based practices for improving maternal  
11 health outcomes for Black pregnant and  
12 postpartum individuals.

13 (e) TECHNICAL ASSISTANCE.—The Secretary shall  
14 provide to grant recipients under this section technical as-  
15 sistance on—

16 (1) capacity building to establish or expand pro-  
17 grams to prevent adverse maternal health outcomes  
18 among Black pregnant and postpartum individuals;

19 (2) best practices in data collection, measure-  
20 ment, evaluation, and reporting; and

21 (3) planning for sustaining programs to prevent  
22 maternal mortality and severe maternal morbidity  
23 among Black pregnant and postpartum individuals  
24 after the period of the grant.

1 (f) EVALUATION.—Not later than the end of fiscal  
2 year 2027, the Secretary shall submit to the Congress an  
3 evaluation of the grant program under this section that—

4 (1) assesses the effectiveness of outreach efforts  
5 during the application process in diversifying the  
6 pool of grant recipients;

7 (2) makes recommendations for future outreach  
8 efforts to diversify the pool of grant recipients for  
9 Department of Health and Human Services grant  
10 programs and funding opportunities related to ma-  
11 ternal health;

12 (3) assesses the effectiveness of programs fund-  
13 ed by grants under this section in improving mater-  
14 nal health outcomes for Black pregnant and  
15 postpartum individuals, to the extent practicable;  
16 and

17 (4) makes recommendations for future Depart-  
18 ment of Health and Human Services grant programs  
19 and funding opportunities that deliver funding to  
20 community-based organizations that provide pro-  
21 grams and resources that are aligned with evidence-  
22 based practices for improving maternal health out-  
23 comes for Black pregnant and postpartum individ-  
24 uals.

1 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry  
 2 out this section, there is authorized to be appropriated  
 3 \$10,000,000 for each of fiscal years 2023 through 2027.

4 **SEC. 1102. INVESTMENTS IN COMMUNITY-BASED ORGANI-**  
 5 **ZATIONS TO IMPROVE MATERNAL HEALTH**  
 6 **OUTCOMES IN UNDERSERVED COMMUNITIES.**

7 (a) AWARDS.—Following the 1-year period described  
 8 in subsection (c), the Secretary of Health and Human  
 9 Services (in this section referred to as the “Secretary”)  
 10 shall award grants to eligible entities to establish or ex-  
 11 pand programs to prevent maternal mortality and severe  
 12 maternal morbidity among underserved groups.

13 (b) ELIGIBILITY.—To be eligible to seek a grant  
 14 under this section, an entity shall be a community-based  
 15 organization offering programs and resources aligned with  
 16 evidence-based practices for improving maternal health  
 17 outcomes for pregnant and postpartum individuals.

18 (c) OUTREACH AND TECHNICAL ASSISTANCE PE-  
 19 RIOD.—During the 1-year period beginning on the date  
 20 of enactment of this Act, the Secretary shall—

- 21 (1) conduct outreach to encourage eligible enti-
- 22 ties to apply for grants under this section; and
- 23 (2) provide technical assistance to eligible enti-
- 24 ties on best practices for applying for grants under
- 25 this section.

1 (d) SPECIAL CONSIDERATION.—

2 (1) OUTREACH.—In conducting outreach under  
3 subsection (c), the Secretary shall give special con-  
4 sideration to eligible entities that—

5 (A) are based in, and provide support for,  
6 communities with high rates of adverse mater-  
7 nal health outcomes or significant racial and  
8 ethnic disparities in maternal health outcomes,  
9 to the extent such data are available;

10 (B) are led by individuals from racially,  
11 ethnically, and geographically diverse back-  
12 grounds; and

13 (C) offer programs and resources that are  
14 aligned with evidence-based practices for im-  
15 proving maternal health outcomes for pregnant  
16 and postpartum individuals.

17 (2) AWARDS.—In awarding grants under this  
18 section, the Secretary shall give special consideration  
19 to eligible entities that—

20 (A) are described in subparagraphs (A),  
21 (B), and (C) of paragraph (1);

22 (B) offer programs and resources designed  
23 in consultation with and intended for pregnant  
24 and postpartum individuals from underserved  
25 groups; and

1 (C) offer programs and resources in the  
2 communities in which the respective eligible en-  
3 tities are located that—

4 (i) promote maternal mental health  
5 and maternal substance use disorder treat-  
6 ments and support that are aligned with  
7 evidence-based practices for improving ma-  
8 ternal mental and behavioral health out-  
9 comes for pregnant and postpartum indi-  
10 viduals;

11 (ii) address social determinants of ma-  
12 ternal health for pregnant and postpartum  
13 individuals;

14 (iii) promote evidence-based health lit-  
15 eracy and pregnancy, childbirth, and par-  
16 enting education for pregnant and  
17 postpartum individuals;

18 (iv) provide support from perinatal  
19 health workers to pregnant and  
20 postpartum individuals;

21 (v) provide culturally congruent train-  
22 ing to perinatal health workers;

23 (vi) conduct or support research on  
24 maternal health outcomes and disparities;

1 (vii) provide support to family mem-  
2 bers of individuals who suffered a preg-  
3 nancy-associated death or pregnancy-re-  
4 lated death;

5 (viii) operate midwifery practices that  
6 provide culturally congruent maternal  
7 health care and support, including for the  
8 purposes of—

9 (I) supporting additional edu-  
10 cation, training, and certification pro-  
11 grams, including support for distance  
12 learning;

13 (II) providing financial support  
14 to current and future midwives to ad-  
15 dress education costs, debts, and  
16 other needs;

17 (III) clinical site investments;

18 (IV) supporting preceptor devel-  
19 opment trainings;

20 (V) expanding the midwifery  
21 practice; or

22 (VI) related needs identified by  
23 the midwifery practice and described  
24 in the practice's application; or

1 (ix) have developed other programs  
2 and resources that address community-spe-  
3 cific needs for pregnant and postpartum  
4 individuals and are aligned with evidence-  
5 based practices for improving maternal  
6 health outcomes for pregnant and  
7 postpartum individuals.

8 (e) TECHNICAL ASSISTANCE.—The Secretary shall  
9 provide to grant recipients under this section technical as-  
10 sistance on—

11 (1) capacity building to establish or expand pro-  
12 grams to prevent adverse maternal health outcomes  
13 among pregnant and postpartum individuals from  
14 underserved groups;

15 (2) best practices in data collection, measure-  
16 ment, evaluation, and reporting; and

17 (3) planning for sustaining programs to prevent  
18 maternal mortality and severe maternal morbidity  
19 among pregnant and postpartum individuals from  
20 underserved groups after the period of the grant.

21 (f) EVALUATION.—Not later than the end of fiscal  
22 year 2027, the Secretary shall submit to the Congress an  
23 evaluation of the grant program under this section that—



1           (1) assesses the effectiveness of outreach efforts  
2       during the application process in diversifying the  
3       pool of grant recipients;

4           (2) makes recommendations for future outreach  
5       efforts to diversify the pool of grant recipients for  
6       Department of Health and Human Services grant  
7       programs and funding opportunities related to ma-  
8       ternal health;

9           (3) assesses the effectiveness of programs fund-  
10      ed by grants under this section in improving mater-  
11      nal health outcomes for pregnant and postpartum  
12      individuals from underserved groups, to the extent  
13      practicable; and

14          (4) makes recommendations for future Depart-  
15      ment of Health and Human Services grant programs  
16      and funding opportunities that deliver funding to  
17      community-based organizations that provide pro-  
18      grams and resources that are aligned with evidence-  
19      based practices for improving maternal health out-  
20      comes for pregnant and postpartum individuals.

21      (g) DEFINITION.—In this section, the term “under-  
22      served groups” refers to pregnant and postpartum individ-  
23      uals—

24          (1) from racial and ethnic minority groups (as  
25      such term is defined in section 1707(g)(1) of the

1 Public Health Service Act (42 U.S.C. 300u–  
2 6(g)(1)));

3 (2) whose household income is equal to or less  
4 than 150 percent of the Federal poverty line;

5 (3) who live in health professional shortage  
6 areas (as such term is defined in section 332 of the  
7 Public Health Service Act (42 U.S.C. 254e(a)(1)));

8 (4) who live in counties with no hospital offer-  
9 ing obstetric care, no birth center, and no obstetric  
10 provider; or

11 (5) who live in counties with a level of vulner-  
12 ability of moderate-to-high or higher, according to  
13 the Social Vulnerability Index of the Centers for  
14 Disease Control and Prevention.

15 (h) AUTHORIZATION OF APPROPRIATIONS.—To carry  
16 out this section, there is authorized to be appropriated  
17 \$10,000,000 for each of fiscal years 2023 through 2027.

18 **SEC. 1103. RESPECTFUL MATERNITY CARE TRAINING FOR**  
19 **ALL EMPLOYEES IN MATERNITY CARE SET-**  
20 **TINGS.**

21 Part B of title VII of the Public Health Service Act  
22 (42 U.S.C. 293 et seq.) is amended by adding at the end  
23 the following new section:

1 **“SEC. 742. RESPECTFUL MATERNITY CARE TRAINING FOR**  
2 **ALL EMPLOYEES IN MATERNITY CARE SET-**  
3 **TINGS.**

4 “(a) GRANTS.—The Secretary shall award grants for  
5 programs to reduce and prevent bias, racism, and dis-  
6 crimination in maternity care settings and to advance re-  
7 spectful, culturally congruent, trauma-informed care.

8 “(b) SPECIAL CONSIDERATION.—In awarding grants  
9 under subsection (a), the Secretary shall give special con-  
10 sideration to applications for programs that would—

11 “(1) apply to all maternity care providers and  
12 any employees who interact with pregnant and  
13 postpartum individuals in the provider setting, in-  
14 cluding front desk employees, sonographers, sched-  
15 ulers, health care professionals, hospital or health  
16 system administrators, security staff, and other em-  
17 ployees;

18 “(2) emphasize periodic, as opposed to one-  
19 time, trainings for all birthing professionals and em-  
20 ployees described in paragraph (1);

21 “(3) address implicit bias, racism, and cultural  
22 humility;

23 “(4) be delivered in ongoing education settings  
24 for providers maintaining their licenses, with a pref-  
25 erence for trainings that provide continuing edu-  
26 cation units;

1           “(5) include trauma-informed care best prac-  
2           tices and an emphasis on shared decision making be-  
3           tween providers and patients;

4           “(6) include antiracism training and programs;

5           “(7) be delivered in undergraduate programs  
6           that funnel into health professions schools;

7           “(8) be delivered in settings that apply to pro-  
8           viders of the special supplemental nutrition program  
9           for women, infants, and children under section 17 of  
10          the Child Nutrition Act of 1966;

11          “(9) integrate bias training in obstetric emer-  
12          gency simulation trainings or related trainings;

13          “(10) include training for emergency depart-  
14          ment employees and emergency medical technicians  
15          on recognizing warning signs for severe pregnancy-  
16          related complications;

17          “(11) offer training to all maternity care pro-  
18          viders on the value of racially, ethnically, and profes-  
19          sionally diverse maternity care teams to provide cul-  
20          turally congruent care; or

21          “(12) be based on one or more programs de-  
22          signed by a historically Black college or university or  
23          other minority-serving institution.

24          “(c) APPLICATION.—To seek a grant under sub-  
25          section (a), an entity shall submit an application at such

1 time, in such manner, and containing such information as  
2 the Secretary may require.

3 “(d) REPORTING.—Each recipient of a grant under  
4 this section shall annually submit to the Secretary a report  
5 on the status of activities conducted using the grant, in-  
6 cluding, as applicable, a description of the impact of train-  
7 ing provided through the grant on patient outcomes and  
8 patient experience for pregnant and postpartum individ-  
9 uals from racial and ethnic minority groups and their fam-  
10 ilies.

11 “(e) BEST PRACTICES.—Based on the annual reports  
12 submitted pursuant to subsection (d), the Secretary—

13 “(1) shall produce an annual report on the find-  
14 ings resulting from programs funded through this  
15 section;

16 “(2) shall disseminate such report to all recipi-  
17 ents of grants under this section and to the public;  
18 and

19 “(3) may include in such report findings on  
20 best practices for improving patient outcomes and  
21 patient experience for pregnant and postpartum in-  
22 dividuals from racial and ethnic minority groups and  
23 their families in maternity care settings.

24 “(f) DEFINITIONS.—In this section:

1           “(1) The term ‘postpartum’ means the one-year  
2           period beginning on the last day of an individual’s  
3           pregnancy.

4           “(2) The term ‘culturally congruent’ means in  
5           agreement with the preferred cultural values, beliefs,  
6           world view, language, and practices of the health  
7           care consumer and other stakeholders.

8           “(3) The term ‘racial and ethnic minority  
9           group’ has the meaning given such term in section  
10          1707(g)(1).

11          “(g) AUTHORIZATION OF APPROPRIATIONS.—To  
12          carry out this section, there is authorized to be appro-  
13          priated \$5,000,000 for each of fiscal years 2023 through  
14          2027.”.

15   **SEC. 1104. STUDY ON REDUCING AND PREVENTING BIAS,**  
16                   **RACISM, AND DISCRIMINATION IN MATER-**  
17                   **NITY CARE SETTINGS.**

18          (a) IN GENERAL.—The Secretary of Health and  
19          Human Services shall seek to enter into an agreement,  
20          not later than 90 days after the date of enactment of this  
21          Act, with the National Academies of Sciences, Engineer-  
22          ing, and Medicine (referred to in this section as the “Na-  
23          tional Academies”) under which the National Academies  
24          agree to—

1           (1) conduct a study on the design and imple-  
2           mentation of programs to reduce and prevent bias,  
3           racism, and discrimination in maternity care settings  
4           and to advance respectful, culturally congruent,  
5           trauma-informed care; and

6           (2) not later than 24 months after the date of  
7           enactment of this Act—

8                     (A) complete the study; and

9                     (B) transmit a report on the results of the  
10           study to the Congress.

11       (b) POSSIBLE TOPICS.—The agreement entered into  
12       pursuant to subsection (a) may provide for the study of  
13       any of the following:

14           (1) The development of a scorecard or other  
15           evaluation standards for programs designed to re-  
16           duce and prevent bias, racism, and discrimination in  
17           maternity care settings to assess the effectiveness of  
18           such programs in improving patient outcomes and  
19           patient experience for pregnant and postpartum in-  
20           dividuals from racial and ethnic minority groups and  
21           their families.

22           (2) Determination of the types and frequency of  
23           training to reduce and prevent bias, racism, and dis-  
24           crimination in maternity care settings that are dem-  
25           onstrated to improve patient outcomes or patient ex-

1 perience for pregnant and postpartum individuals  
2 from racial and ethnic minority groups and their  
3 families.

4 **SEC. 1105. RESPECTFUL MATERNITY CARE COMPLIANCE**  
5 **PROGRAM.**

6 (a) IN GENERAL.—The Secretary of Health and  
7 Human Services (referred to in this section as the “Sec-  
8 retary”) shall award grants to accredited hospitals, health  
9 systems, and other maternity care settings to establish as  
10 an integral part of quality implementation initiatives with-  
11 in one or more hospitals or other birth settings a respect-  
12 ful maternity care compliance program.

13 (b) PROGRAM REQUIREMENTS.—A respectful mater-  
14 nity care compliance program funded through a grant  
15 under this section shall—

16 (1) institutionalize mechanisms to allow pa-  
17 tients receiving maternity care services, the families  
18 of such patients, or perinatal health workers sup-  
19 porting such patients to report instances of racism  
20 or evidence of bias on the basis of race, ethnicity, or  
21 another protected class;

22 (2) institutionalize response mechanisms  
23 through which representatives of the program can  
24 directly follow up with the patient, if possible, and  
25 the patient’s family in a timely manner;



1           (3) prepare and make publicly available a  
2       hospital- or health system-wide strategy to reduce  
3       bias on the basis of race, ethnicity, or another pro-  
4       tected class in the delivery of maternity care that in-  
5       cludes—

6           (A) information on the training programs  
7       to reduce and prevent bias, racism, and dis-  
8       crimination on the basis of race, ethnicity, or  
9       another protected class for all employees in ma-  
10      ternity care settings;

11          (B) information on the number of cases re-  
12      ported to the compliance program; and

13          (C) the development of methods to rou-  
14      tinely assess the extent to which bias, racism,  
15      or discrimination on the basis of race, ethnicity,  
16      or another protected class are present in the de-  
17      livery of maternity care to patients from racial  
18      and ethnic minority groups;

19          (4) develop mechanisms to routinely collect and  
20      publicly report hospital-level data related to patient-  
21      reported experience of care; and

22          (5) provide annual reports to the Secretary with  
23      information about each case reported to the compli-  
24      ance program over the course of the year containing

1 such information as the Secretary may require, such  
2 as—

3 (A) de-identified demographic information  
4 on the patient in the case, such as race, eth-  
5 nicity, gender identity, and primary language;

6 (B) the content of the report from the pa-  
7 tient or the family of the patient to the compli-  
8 ance program;

9 (C) the response from the compliance pro-  
10 gram; and

11 (D) to the extent applicable, institutional  
12 changes made as a result of the case.

13 (c) SECRETARY REQUIREMENTS.—

14 (1) PROCESSES.—Not later than 180 days after  
15 the date of enactment of this Act, the Secretary  
16 shall establish processes for—

17 (A) disseminating best practices for estab-  
18 lishing and implementing a respectful maternity  
19 care compliance program within a hospital or  
20 other birth setting;

21 (B) promoting coordination and collabora-  
22 tion between hospitals, health systems, and  
23 other maternity care delivery settings on the es-  
24 tablishment and implementation of respectful  
25 maternity care compliance programs; and

1 (C) evaluating the effectiveness of respect-  
2 ful maternity care compliance programs on ma-  
3 ternal health outcomes and patient and family  
4 experiences, especially for patients from racial  
5 and ethnic minority groups and their families.

6 (2) STUDY.—

7 (A) IN GENERAL.—Not later than 2 years  
8 after the date of enactment of this Act, the Sec-  
9 retary shall, through a contract with an inde-  
10 pendent research organization, conduct a study  
11 on strategies to address—

12 (i) racism or bias on the basis of race,  
13 ethnicity, or another protected class in the  
14 delivery of maternity care services; and

15 (ii) successful implementation of re-  
16 spectful care initiatives.

17 (B) COMPONENTS OF STUDY.—The study  
18 shall include the following:

19 (i) An assessment of the reports sub-  
20 mitted to the Secretary from the respectful  
21 maternity care compliance programs pur-  
22 suant to subsection (b)(5).

23 (ii) Based on such assessment, rec-  
24 ommendations for potential accountability  
25 mechanisms related to cases of racism or

1 bias on the basis of race, ethnicity, or an-  
2 other protected class in the delivery of ma-  
3 ternity care services at hospitals and other  
4 birth settings. Such recommendations shall  
5 take into consideration medical and non-  
6 medical factors that contribute to adverse  
7 patient experiences and maternal health  
8 outcomes.

9 (C) REPORT.—The Secretary shall submit  
10 to the Congress and make publicly available a  
11 report on the results of the study under this  
12 paragraph.

13 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry  
14 out this section, there is authorized to be appropriated  
15 such sums as may be necessary for fiscal years 2023  
16 through 2028.

17 **SEC. 1106. GAO REPORT.**

18 (a) IN GENERAL.—Not later than 2 years after the  
19 date of enactment of this Act and annually thereafter, the  
20 Comptroller General of the United States shall submit to  
21 the Congress and make publicly available a report on the  
22 establishment of respectful maternity care compliance pro-  
23 grams within hospitals, health systems, and other mater-  
24 nity care settings.

1       (b) MATTERS INCLUDED.—The report under para-  
2 graph (1) shall include the following:

3           (1) Information regarding the extent to which  
4 hospitals, health systems, and other maternity care  
5 settings have elected to establish respectful mater-  
6 nity care compliance programs, including—

7               (A) which hospitals and other birth set-  
8 tings elect to establish compliance programs  
9 and when such programs are established;

10              (B) to the extent practicable, impacts of  
11 the establishment of such programs on mater-  
12 nal health outcomes and patient and family ex-  
13 periences in the hospitals and other birth set-  
14 tings that have established such programs, es-  
15 pecially for patients from racial and ethnic mi-  
16 nority groups and their families;

17              (C) information on geographic areas, and  
18 types of hospitals or other birth settings, where  
19 respectful maternity care compliance programs  
20 are not being established and information on  
21 factors contributing to decisions to not establish  
22 such programs; and

23              (D) recommendations for establishing re-  
24 spectful maternity care compliance programs in  
25 geographic areas, and types of hospitals or

1 other birth settings, where such programs are  
 2 not being established.

3 (2) Whether the funding made available to  
 4 carry out this section has been sufficient and, if ap-  
 5 plicable, recommendations for additional appropria-  
 6 tions to carry out this section.

7 (3) Such other information as the Comptroller  
 8 General determines appropriate.

## 9 **Subtitle C—Protecting Moms Who** 10 **Served**

### 11 **SEC. 1201. SUPPORT FOR MATERNITY CARE COORDINA-** 12 **TION.**

13 (a) PROGRAM ON MATERNITY CARE COORDINA-  
 14 TION.—

15 (1) IN GENERAL.—The Secretary of Veterans  
 16 Affairs shall carry out the maternity care coordina-  
 17 tion program described in Veterans Health Adminis-  
 18 tration Handbook 1330.03, or any successor hand-  
 19 book.

20 (2) TRAINING AND SUPPORT.—In carrying out  
 21 the program under paragraph (1), the Secretary  
 22 shall provide to community maternity care providers  
 23 training and support with respect to the unique  
 24 needs of pregnant and postpartum veterans, particu-  
 25 larly regarding mental and behavioral health condi-

1 tions relating to the service of the veterans in the  
2 Armed Forces.

3 (b) AUTHORIZATION OF APPROPRIATIONS.—There is  
4 authorized to be appropriated to the Secretary  
5 \$15,000,000 for fiscal year 2023 for the maternity care  
6 coordination program. Such amounts are authorized in ad-  
7 dition to any other amounts authorized for such purpose.

8 (c) DEFINITIONS.—In this section:

9 (1) The term “community maternity care pro-  
10 viders” means maternity care providers located at  
11 non-Department facilities who provide maternity  
12 care to veterans under section 1703 of title 38,  
13 United States Code, or other provisions of law ad-  
14 ministered by the Secretary of Veterans Affairs.

15 (2) The term “non-Department facilities” has  
16 the meaning given that term in section 1701 of title  
17 38, United States Code.

18 **SEC. 1202. REPORT ON MATERNAL MORTALITY AND SE-**  
19 **VERE MATERNAL MORBIDITY AMONG PREG-**  
20 **NANT AND POSTPARTUM VETERANS.**

21 (a) GAO REPORT.—Not later than two years after  
22 the date of the enactment of this Act, the Comptroller  
23 General of the United States shall submit to the Commit-  
24 tees on Veterans’ Affairs of the Senate and the House of  
25 Representatives, and make publicly available, a report on

1 maternal mortality and severe maternal morbidity among  
2 pregnant and postpartum veterans, with a particular focus  
3 on racial and ethnic disparities in maternal health out-  
4 comes for veterans.

5 (b) MATTERS INCLUDED.—The report under sub-  
6 section (a) shall include the following:

7 (1) To the extent practicable—

8 (A) the number of pregnant and  
9 postpartum veterans who have experienced a  
10 pregnancy-related death or pregnancy-associ-  
11 ated death in the most recent 10 years of avail-  
12 able data;

13 (B) the rate of pregnancy-related deaths  
14 per 100,000 live births for pregnant and  
15 postpartum veterans;

16 (C) the number of cases of severe maternal  
17 morbidity among pregnant and postpartum vet-  
18 erans in the most recent year of available data;

19 (D) the racial and ethnic disparities in ma-  
20 ternal mortality and severe maternal morbidity  
21 rates among pregnant and postpartum veterans;

22 (E) identification of the causes of maternal  
23 mortality and severe maternal morbidity that  
24 are unique to veterans, including post-traumatic  
25 stress disorder, military sexual trauma, and in-



1 fertility or miscarriages that may be caused by  
2 such service;

3 (F) identification of the causes of maternal  
4 mortality and severe maternal morbidity that  
5 are unique to veterans from racial and ethnic  
6 minority groups;

7 (G) identification of any correlations be-  
8 tween the former rank of veterans and their  
9 maternal health outcomes;

10 (H) the number of veterans who have been  
11 diagnosed with infertility by Veterans Health  
12 Administration providers each year in the most  
13 recent five years, disaggregated by age, race,  
14 ethnicity, sex, marital status, sexual orientation,  
15 gender identity, and geographical location;

16 (I) the number of veterans who receive a  
17 clinical diagnosis of unexplained infertility by  
18 Veterans Health Administration providers each  
19 year in the most recent five years; and

20 (J) the extent to which the rate of inci-  
21 dence of clinically diagnosed infertility among  
22 veterans compare or differ to the rate of inci-  
23 dence of clinically diagnosed infertility among  
24 the civilian population.

1           (2) An assessment of the barriers to deter-  
2           mining the information required under paragraph  
3           (1) and recommendations for improvements in track-  
4           ing maternal health outcomes among pregnant and  
5           postpartum veterans—

6                   (A) who have health care coverage through  
7           the Department;

8                   (B) enrolled in the TRICARE program;

9                   (C) with employer-based or private insur-  
10          ance;

11                  (D) enrolled in the Medicaid program; and

12                  (E) who are uninsured.

13           (3) Recommendations for legislative and admin-  
14           istrative actions to increase access to mental and be-  
15           havioral health care for pregnant and postpartum  
16           veterans who screen positively for maternal mental  
17           or behavioral health conditions.

18           (4) Recommendations to address homelessness,  
19           food insecurity, poverty, and related issues among  
20           pregnant and postpartum veterans.

21           (5) Recommendations on how to effectively edu-  
22           cate maternity care providers on best practices for  
23           providing maternity care services to veterans that  
24           addresses the unique maternal health care needs of  
25           veteran populations.

1           (6) Recommendations to reduce maternal mor-  
2           tality and severe maternal morbidity among preg-  
3           nant and postpartum veterans and to address racial  
4           and ethnic disparities in maternal health outcomes  
5           for each of the groups described in subparagraphs  
6           (A) through (E) of paragraph (2).

7           (7) Recommendations to improve coordination  
8           of care between the Department and non-Depart-  
9           ment facilities for pregnant and postpartum vet-  
10          erans, including recommendations to improve—

11                   (A) health record interoperability; and

12                   (B) training for the directors of the Vet-  
13           erans Integrated Service Networks, directors of  
14           medical facilities of the Department, chiefs of  
15           staff of such facilities, maternity care coordina-  
16           tors, and staff of relevant non-Department fa-  
17           cilities.

18          (8) An assessment of the authority of the Sec-  
19          retary of Veterans Affairs to access maternal health  
20          data collected by the Department of Health and  
21          Human Services and, if applicable, recommendations  
22          to increase such authority.

23          (9) Any other information the Comptroller Gen-  
24          eral determines appropriate with respect to the re-  
25          duction of maternal mortality and severe maternal

1 morbidity among pregnant and postpartum veterans  
2 and to address racial and ethnic disparities in ma-  
3 ternal health outcomes for veterans.

## 4 **Subtitle D—Perinatal Workforce**

### 5 **SEC. 1301. HHS AGENCY DIRECTIVES.**

#### 6 (a) GUIDANCE TO STATES.—

7 (1) IN GENERAL.—Not later than 2 years after  
8 the date of enactment of this Act, the Secretary of  
9 Health and Human Services shall issue and dissemi-  
10 nate guidance to States to educate providers, man-  
11 aged care entities, and other insurers about the  
12 value and process of delivering respectful maternal  
13 health care through diverse and multidisciplinary  
14 care provider models.

15 (2) CONTENTS.—The guidance required by  
16 paragraph (1) shall address how States can encour-  
17 age and incentivize hospitals, health systems, mid-  
18 wifery practices, freestanding birth centers, other  
19 maternity care provider groups, managed care enti-  
20 ties, and other insurers—

21 (A) to recruit and retain maternity care  
22 providers, mental and behavioral health care  
23 providers acting in accordance with State law,  
24 registered dietitians or nutrition professionals  
25 (as such term is defined in section 1861(vv)(2)

1 of the Social Security Act (42 U.S.C.  
2 1395x(vv)(2))), and lactation consultants cer-  
3 tified by the International Board of Lactation  
4 Consultants Examiners—

5 (i) from racially, ethnically, and lin-  
6 guistically diverse backgrounds;

7 (ii) with experience practicing in ra-  
8 cially and ethnically diverse communities;  
9 and

10 (iii) who have undergone training on  
11 implicit bias and racism;

12 (B) to incorporate into maternity care  
13 teams—

14 (i) midwives who meet at a minimum  
15 the international definition of the midwife  
16 and global standards for midwifery edu-  
17 cation as established by the International  
18 Confederation of Midwives; and

19 (ii) perinatal health workers;

20 (C) to provide collaborative, culturally con-  
21 gruent care; and

22 (D) to provide opportunities for individuals  
23 enrolled in accredited midwifery education pro-  
24 grams to participate in job shadowing with ma-  
25 ternity care teams in hospitals, health systems,

1 midwifery practices, and freestanding birth cen-  
2 ters.

3 (b) STUDY ON RESPECTFUL AND CULTURALLY CON-  
4 GRUENT MATERNITY CARE.—

5 (1) STUDY.—The Secretary of Health and  
6 Human Services acting through the Director of the  
7 National Institutes of Health (in this subsection re-  
8 ferred to as the “Secretary”) shall conduct a study  
9 on best practices in respectful and culturally con-  
10 gruent maternity care.

11 (2) REPORT.—Not later than 2 years after the  
12 date of enactment of this Act, the Secretary shall—

13 (A) complete the study required by para-  
14 graph (1);

15 (B) submit to the Congress and make pub-  
16 licly available a report on the results of such  
17 study; and

18 (C) include in such report—

19 (i) a compendium of examples of hos-  
20 pitals, health systems, midwifery practices,  
21 freestanding birth centers, other maternity  
22 care provider groups, managed care enti-  
23 ties, and other insurers that are delivering  
24 respectful and culturally congruent mater-  
25 nal health care;

1 (ii) a compendium of examples of hos-  
 2 pitals, health systems, midwifery practices,  
 3 freestanding birth centers, other maternity  
 4 care provider groups, managed care enti-  
 5 ties, and other insurers that have made  
 6 progress in reducing disparities in mater-  
 7 nal health outcomes and improving birth-  
 8 ing experiences for pregnant and  
 9 postpartum individuals from racial and  
 10 ethnic minority groups; and

11 (iii) recommendations to hospitals,  
 12 health systems, midwifery practices, free-  
 13 standing birth centers, other maternity  
 14 care provider groups, managed care enti-  
 15 ties, and other insurers, for best practices  
 16 in respectful and culturally congruent ma-  
 17 ternity care.

18 **SEC. 1302. GRANTS TO GROW AND DIVERSIFY THE**  
 19 **PERINATAL WORKFORCE.**

20 Title VII of the Public Health Service Act is amended  
 21 by inserting after section 757 (42 U.S.C. 294f) the fol-  
 22 lowing new section:

23 **“SEC. 758. PERINATAL WORKFORCE GRANTS.**

24 “(a) IN GENERAL.—The Secretary shall award  
 25 grants to entities to establish or expand programs de-

1 scribed in subsection (b) to grow and diversify the  
2 perinatal workforce.

3 “(b) USE OF FUNDS.—Recipients of grants under  
4 this section shall use the grants to grow and diversify the  
5 perinatal workforce by—

6 “(1) establishing schools or programs that pro-  
7 vide education and training to individuals seeking  
8 appropriate licensing or certification as—

9 “(A) physician assistants who will complete  
10 clinical training in the field of maternal and  
11 perinatal health; or

12 “(B) perinatal health workers; and

13 “(2) expanding the capacity of existing schools  
14 or programs described in paragraph (1), for the pur-  
15 poses of increasing the number of students enrolled  
16 in such schools or programs, including by awarding  
17 scholarships for students.

18 “(c) PRIORITIZATION.—In awarding grants under  
19 this section, the Secretary shall give priority to any entity  
20 that—

21 “(1) has demonstrated a commitment to re-  
22 cruiting and retaining students and faculty from ra-  
23 cial and ethnic minority groups;

24 “(2) has developed a strategy to recruit and re-  
25 tain a diverse pool of students into the perinatal



1 workforce program or school supported by funds re-  
2 ceived through the grant, particularly from racial  
3 and ethnic minority groups and other underserved  
4 populations;

5 “(3) has developed a strategy to recruit and re-  
6 tain students who plan to practice in a health pro-  
7 fessional shortage area designated under section  
8 332;

9 “(4) has developed a strategy to recruit and re-  
10 tain students who plan to practice in an area with  
11 significant racial and ethnic disparities in maternal  
12 health outcomes, to the extent practicable; and

13 “(5) includes in the standard curriculum for all  
14 students within the perinatal workforce program or  
15 school a bias, racism, or discrimination training pro-  
16 gram that includes training on implicit bias and rac-  
17 ism.

18 “(d) REPORTING.—As a condition on receipt of a  
19 grant under this section for a perinatal workforce program  
20 or school, an entity shall agree to submit to the Secretary  
21 an annual report on the activities conducted through the  
22 grant, including—

23 “(1) the number and demographics of students  
24 participating in the program or school;

1           “(2) the extent to which students in the pro-  
2           gram or school are entering careers in—

3                   “(A) health professional shortage areas  
4                   designated under section 332; and

5                   “(B) areas with significant racial and eth-  
6                   nic disparities in maternal health outcomes, to  
7                   the extent such data are available; and

8           “(3) whether the program or school has in-  
9           cluded in the standard curriculum for all students a  
10          bias, racism, or discrimination training program that  
11          includes explicit and implicit bias, and if so the ef-  
12          fectiveness of such training program.

13          “(e) PERIOD OF GRANTS.—The period of a grant  
14          under this section shall be up to 5 years.

15          “(f) APPLICATION.—To seek a grant under this sec-  
16          tion, an entity shall submit to the Secretary an application  
17          at such time, in such manner, and containing such infor-  
18          mation as the Secretary may require, including any infor-  
19          mation necessary for prioritization under subsection (c).

20          “(g) TECHNICAL ASSISTANCE.—The Secretary shall  
21          provide, directly or by contract, technical assistance to en-  
22          tities seeking or receiving a grant under this section on  
23          the development, use, evaluation, and post-grant period  
24          sustainability of the perinatal workforce programs or

1 schools proposed to be, or being, established or expanded  
2 through the grant.

3 “(h) REPORT BY THE SECRETARY.—Not later than  
4 4 years after the date of enactment of this section, the  
5 Secretary shall prepare and submit to the Congress, and  
6 post on the internet website of the Department of Health  
7 and Human Services, a report on the effectiveness of the  
8 grant program under this section at—

9 “(1) recruiting students from racial and ethnic  
10 minority groups;

11 “(2) increasing the number of physician assist-  
12 ants who will complete clinical training in the field  
13 of maternal and perinatal health, and perinatal  
14 health workers, from racial and ethnic minority  
15 groups and other underserved populations;

16 “(3) increasing the number of physician assist-  
17 ants who will complete clinical training in the field  
18 of maternal and perinatal health, and perinatal  
19 health workers, working in health professional short-  
20 age areas designated under section 332; and

21 “(4) increasing the number of physician assist-  
22 ants who will complete clinical training in the field  
23 of maternal and perinatal health, and perinatal  
24 health workers, working in areas with significant ra-

1 cial and ethnic disparities in maternal health out-  
 2 comes, to the extent such data are available.

3 “(i) DEFINITION.—In this section, the term ‘racial  
 4 and ethnic minority group’ has the meaning given such  
 5 term in section 1707(g).

6 “(j) AUTHORIZATION OF APPROPRIATIONS.—To  
 7 carry out this section, there is authorized to be appro-  
 8 priated \$15,000,000 for each of fiscal years 2023 through  
 9 2027.”.

10 **SEC. 1303. GRANTS TO GROW AND DIVERSIFY THE NURSING**  
 11 **WORKFORCE IN MATERNAL AND PERINATAL**  
 12 **HEALTH.**

13 Title VIII of the Public Health Service Act is amend-  
 14 ed by inserting after section 811 of that Act (42 U.S.C.  
 15 296j) the following:

16 **“SEC. 812. PERINATAL NURSING WORKFORCE GRANTS.**

17 “(a) IN GENERAL.—The Secretary shall award  
 18 grants to schools of nursing to grow and diversify the  
 19 perinatal nursing workforce.

20 “(b) USE OF FUNDS.—Recipients of grants under  
 21 this section shall use the grants to grow and diversify the  
 22 perinatal nursing workforce by providing scholarships to  
 23 students seeking to become—

24 “(1) nurse practitioners whose education in-  
 25 cludes a focus on maternal and perinatal health; or

1           “(2) clinical nurse specialists whose education  
2           includes a focus on maternal and perinatal health.

3           “(c) PRIORITIZATION.—In awarding grants under  
4 this section, the Secretary shall give priority to any school  
5 of nursing that—

6           “(1) has developed a strategy to recruit and re-  
7           tain a diverse pool of students seeking to enter ca-  
8           reers focused on maternal and perinatal health, par-  
9           ticularly students from racial and ethnic minority  
10          groups and other underserved populations;

11          “(2) has developed a partnership with a prac-  
12          tice setting in a health professional shortage area  
13          designated under section 332 for the clinical place-  
14          ments of the school’s students;

15          “(3) has developed a strategy to recruit and re-  
16          tain students who plan to practice in an area with  
17          significant racial and ethnic disparities in maternal  
18          health outcomes, to the extent practicable; and

19          “(4) includes in the standard curriculum for all  
20          students seeking to enter careers focused on mater-  
21          nal and perinatal health a bias, racism, or discrimi-  
22          nation training program that includes education on  
23          implicit bias and racism.

24          “(d) REPORTING.—As a condition on receipt of a  
25 grant under this section, a school of nursing shall agree

1 to submit to the Secretary an annual report on the activi-  
2 ties conducted through the grant, including, to the extent  
3 practicable—

4 “(1) the number and demographics of students  
5 in the school of nursing seeking to enter careers fo-  
6 cused on maternal and perinatal health;

7 “(2) the extent to which such students are pre-  
8 paring to enter careers in—

9 “(A) health professional shortage areas  
10 designated under section 332; and

11 “(B) areas with significant racial and eth-  
12 nic disparities in maternal health outcomes, to  
13 the extent such data are available; and

14 “(3) whether the standard curriculum for all  
15 students seeking to enter careers focused on mater-  
16 nal and perinatal health includes a bias, racism, or  
17 discrimination training program that includes edu-  
18 cation on implicit bias and racism.

19 “(e) PERIOD OF GRANTS.—The period of a grant  
20 under this section shall be up to 5 years.

21 “(f) APPLICATION.—To seek a grant under this sec-  
22 tion, an entity shall submit to the Secretary an applica-  
23 tion, at such time, in such manner, and containing such  
24 information as the Secretary may require, including any

1 information necessary for prioritization under subsection  
2 (c).

3 “(g) TECHNICAL ASSISTANCE.—The Secretary shall  
4 provide, directly or by contract, technical assistance to  
5 schools of nursing seeking or receiving a grant under this  
6 section on the processes of awarding and evaluating schol-  
7 arships through the grant.

8 “(h) REPORT BY THE SECRETARY.—Not later than  
9 4 years after the date of enactment of this section, the  
10 Secretary shall prepare and submit to the Congress, and  
11 post on the internet website of the Department of Health  
12 and Human Services, a report on the effectiveness of the  
13 grant program under this section at—

14 “(1) recruiting students from racial and ethnic  
15 minority groups and other underserved populations;

16 “(2) increasing the number of nurse practi-  
17 tioners and clinical nurse specialists entering careers  
18 focused on maternal and perinatal health from racial  
19 and ethnic minority groups and other underserved  
20 populations;

21 “(3) increasing the number of nurse practi-  
22 tioners and clinical nurse specialists entering careers  
23 focused on maternal and perinatal health working in  
24 health professional shortage areas designated under  
25 section 332; and

1           “(4) increasing the number of nurse practi-  
2           tioners and clinical nurse specialists entering careers  
3           focused on maternal and perinatal health working in  
4           areas with significant racial and ethnic disparities in  
5           maternal health outcomes, to the extent such data  
6           are available.

7           “(i) AUTHORIZATION OF APPROPRIATIONS.—To  
8           carry out this section, there is authorized to be appro-  
9           priated \$15,000,000 for each of fiscal years 2023 through  
10          2027.”.

11       **SEC. 1304. GAO REPORT.**

12           (a) IN GENERAL.—Not later than two years after the  
13           date of enactment of this Act and every five years there-  
14           after, the Comptroller General of the United States shall  
15           submit to Congress a report on barriers to maternal health  
16           education and access to care in the United States. Such  
17           report shall include the information and recommendations  
18           described in subsection (b).

19           (b) CONTENT OF REPORT.—The report under sub-  
20           section (a) shall include—

21                   (1) an assessment of current barriers to enter-  
22                   ing accredited midwifery education programs, and  
23                   recommendations for addressing such barriers, par-  
24                   ticularly for low-income women and women from ra-  
25                   cial and ethnic minority groups;



1           (2) an assessment of current barriers to enter-  
2           ing and successfully completing accredited education  
3           programs for other health professional careers re-  
4           lated to maternity care, including maternity care  
5           providers, mental and behavioral health care pro-  
6           viders acting in accordance with State law, reg-  
7           istered dietitians or nutrition professionals (as such  
8           term is defined in section 1861(vv)(2) of the Social  
9           Security Act (42 U.S.C. 1395x(vv)(2))), and lacta-  
10          tion consultants certified by the International Board  
11          of Lactation Consultants Examiners, particularly for  
12          low-income women and women from racial and eth-  
13          nic minority groups;

14          (3) an assessment of current barriers that pre-  
15          vent midwives from meeting the international defini-  
16          tion of the midwife and global standards for mid-  
17          wifery education as established by the International  
18          Confederation of Midwives, and recommendations  
19          for addressing such barriers, particularly for low-in-  
20          come women and women from racial and ethnic mi-  
21          nority groups;

22          (4) an assessment of disparities in access to  
23          maternity care providers, mental or behavioral  
24          health care providers acting in accordance with  
25          State law, registered dietitians or nutrition profes-

sionals (as such term is defined in section 1861(vv)(2) of the Social Security Act (42 U.S.C. 1395x(vv)(2))), lactation consultants certified by the International Board of Lactation Consultants Examiners, and perinatal health workers, stratified by race, ethnicity, gender identity, geographic location, and insurance type and recommendations to promote greater access equity; and

(5) recommendations to promote greater equity in compensation for perinatal health workers under public and private insurers, particularly for such individuals from racially and ethnically diverse backgrounds.

## **Subtitle E—Data to Save Moms**

### **SEC. 1401. FUNDING FOR MATERNAL MORTALITY REVIEW**

#### **COMMITTEES TO PROMOTE REPRESENTATIVE COMMUNITY ENGAGEMENT.**

(a) IN GENERAL.—Section 317K(d) of the Public Health Service Act (42 U.S.C. 247b–12(d)) is amended by adding at the end the following:

“(9) GRANTS TO PROMOTE REPRESENTATIVE COMMUNITY ENGAGEMENT IN MATERNAL MORTALITY REVIEW COMMITTEES.—

“(A) IN GENERAL.—The Secretary may, using funds made available pursuant to sub-

1 paragraph (C), provide assistance to an applica-  
2 ble maternal mortality review committee of a  
3 State, Indian tribe, tribal organization, or  
4 urban Indian organization (as such term is de-  
5 fined in section 4 of the Indian Health Care  
6 Improvement Act (25 U.S.C. 1603))—

7 “(i) to select for inclusion in the mem-  
8 bership of such a committee community  
9 members from the State, Indian tribe, trib-  
10 al organization, or urban Indian organiza-  
11 tion by—

12 “(I) prioritizing community mem-  
13 bers who can increase the diversity of  
14 the committee’s membership with re-  
15 spect to race and ethnicity, location,  
16 and professional background, includ-  
17 ing members with non-clinical experi-  
18 ences; and

19 “(II) to the extent applicable,  
20 using funds reserved under subsection  
21 (f), to address barriers to maternal  
22 mortality review committee participa-  
23 tion for community members, includ-  
24 ing required training, transportation

1 barriers, compensation, and other sup-  
2 ports as may be necessary;

3 “(ii) to establish initiatives to conduct  
4 outreach and community engagement ef-  
5 forts within communities throughout the  
6 State or Tribe to seek input from commu-  
7 nity members on the work of such mater-  
8 nal mortality review committee, with a par-  
9 ticular focus on outreach to minority  
10 women; and

11 “(iii) to release public reports assess-  
12 ing—

13 “(I) the pregnancy-related death  
14 and pregnancy-associated death review  
15 processes of the maternal mortality  
16 review committee, with a particular  
17 focus on the maternal mortality re-  
18 view committee’s sensitivity to the  
19 unique circumstances of pregnant and  
20 postpartum individuals from racial  
21 and ethnic minority groups (as such  
22 term is defined in section 1707(g)(1))  
23 who have suffered pregnancy-related  
24 deaths; and

1 “(II) the impact of the use of  
2 funds made available pursuant to  
3 paragraph (C) on increasing the diver-  
4 sity of the maternal mortality review  
5 committee membership and promoting  
6 community engagement efforts  
7 throughout the State or Tribe.

8 “(B) TECHNICAL ASSISTANCE.—The Sec-  
9 retary shall provide (either directly through the  
10 Department of Health and Human Services or  
11 by contract) technical assistance to any mater-  
12 nal mortality review committee receiving a  
13 grant under this paragraph on best practices  
14 for increasing the diversity of the maternal  
15 mortality review committee’s membership and  
16 for conducting effective community engagement  
17 throughout the State or Tribe.

18 “(C) AUTHORIZATION OF APPROPRIA-  
19 TIONS.—In addition to any funds made avail-  
20 able under subsection (f), there are authorized  
21 to be appropriated to carry out this paragraph  
22 \$10,000,000 for each of fiscal years 2023  
23 through 2027.”.

24 (b) RESERVATION OF FUNDS.—Section 317K(f) of  
25 the Public Health Service Act (42 U.S.C. 247b–12(f)) is

1 amended by adding at the end the following: “Of the  
 2 amount made available under the preceding sentence for  
 3 a fiscal year, not less than \$1,500,000 shall be reserved  
 4 for grants to Indian tribes, tribal organizations, or urban  
 5 Indian organizations (as those terms are defined in section  
 6 4 of the Indian Health Care Improvement Act (25 U.S.C.  
 7 1603))”.

8 **SEC. 1402. DATA COLLECTION AND REVIEW.**

9 Section 317K(d)(3)(A)(i) of the Public Health Serv-  
 10 ice Act (42 U.S.C. 247b–12(d)(3)(A)(i)) is amended—

11 (1) by redesignating subclauses (II) and (III)  
 12 as subclauses (V) and (VI), respectively; and

13 (2) by inserting after subclause (I) the fol-  
 14 lowing:

15 “(II) to the extent practicable,  
 16 reviewing cases of severe maternal  
 17 morbidity, according to the most up-  
 18 to-date indicators;

19 “(III) to the extent practicable,  
 20 reviewing deaths during pregnancy or  
 21 up to 1 year after the end of a preg-  
 22 nancy from suicide, overdose, or other  
 23 death from a mental health condition  
 24 or substance use disorder attributed

1 to or aggravated by pregnancy or  
2 childbirth complications;

3 “(IV) to the extent practicable,  
4 consulting with local community-based  
5 organizations representing pregnant  
6 and postpartum individuals from de-  
7 mographic groups disproportionately  
8 impacted by poor maternal health out-  
9 comes to ensure that, in addition to  
10 clinical factors, non-clinical factors  
11 that might have contributed to a preg-  
12 nancy-related death are appropriately  
13 considered;”.

14 **SEC. 1403. REVIEW OF MATERNAL HEALTH DATA COLLEC-**  
15 **TION PROCESSES AND QUALITY MEASURES.**

16 (a) IN GENERAL.—The Secretary of Health and  
17 Human Services, acting through the Administrator for  
18 Centers for Medicare & Medicaid Services and the Direc-  
19 tor of the Agency for Healthcare Research and Quality,  
20 shall consult with relevant stakeholders—

21 (1) to review existing maternal health data col-  
22 lection processes and quality measures; and

23 (2) make recommendations to improve such  
24 processes and measures, including topics described  
25 under subsection (c).

1 (b) COLLABORATION.—In carrying out this section,  
2 the Secretary shall consult with a diverse group of mater-  
3 nal health stakeholders, which may include—

4 (1) pregnant and postpartum individuals and  
5 their family members, and nonprofit organizations  
6 representing such individuals, with a particular focus  
7 on patients from racial and ethnic minority groups;

8 (2) community-based organizations that provide  
9 support for pregnant and postpartum individuals,  
10 with a particular focus on patients from racial and  
11 ethnic minority groups;

12 (3) membership organizations for maternity  
13 care providers;

14 (4) organizations representing perinatal health  
15 workers;

16 (5) organizations that focus on maternal mental  
17 or behavioral health;

18 (6) organizations that focus on intimate partner  
19 violence;

20 (7) institutions of higher education, with a par-  
21 ticular focus on minority-serving institutions;

22 (8) licensed and accredited hospitals, birth cen-  
23 ters, midwifery practices, or other medical practices  
24 that provide maternal health care services to preg-  
25 nant and postpartum patients;



1           (9) relevant State and local public agencies, in-  
2           cluding State maternal mortality review committees;  
3           and

4           (10) the National Quality Forum, or such other  
5           standard-setting organizations specified by the Sec-  
6           retary.

7           (c) TOPICS.—The review of maternal health data col-  
8           lection processes and recommendations to improve such  
9           processes and measures required under subsection (a)  
10          shall assess all available relevant information, including  
11          information from State-level sources, and shall consider at  
12          least the following:

13           (1) Current State and Tribal practices for ma-  
14          ternal health, maternal mortality, and severe mater-  
15          nal morbidity data collection and dissemination, in-  
16          cluding consideration of—

17           (A) the timeliness of processes for amend-  
18          ing a death certificate when new information  
19          pertaining to the death becomes available to re-  
20          flect whether the death was a pregnancy-related  
21          death;

22           (B) relevant data collected with electronic  
23          health records, including data on race, eth-  
24          nicity, socioeconomic status, insurance type,  
25          and other relevant demographic information;

1 (C) maternal health data collected and  
2 publicly reported by hospitals, health systems,  
3 midwifery practices, and birth centers;

4 (D) the barriers preventing States from  
5 correlating maternal outcome data with race  
6 and ethnicity data;

7 (E) processes for determining the cause of  
8 a pregnancy-associated death in States that do  
9 not have a maternal mortality review com-  
10 mittee;

11 (F) whether maternal mortality review  
12 committees include multidisciplinary and di-  
13 verse membership (as described in section  
14 317K(d)(1)(A) of the Public Health Service Act  
15 (42 U.S.C. 247b–12(d)(1)(A)));

16 (G) whether members of maternal mor-  
17 tality review committees participate in trainings  
18 on bias, racism, or discrimination, and the qual-  
19 ity of such trainings;

20 (H) the extent to which States have imple-  
21 mented systematic processes of listening to the  
22 stories of pregnant and postpartum individuals  
23 and their family members, with a particular  
24 focus on pregnant and postpartum individuals  
25 from racial and ethnic minority groups (as such

1 term is defined in section 1707(g)(1) of the  
2 Public Health Service Act (42 U.S.C. 300u–  
3 6(g)(1))) and their family members, to fully un-  
4 derstand the causes of, and inform potential so-  
5 lutions to, the maternal mortality and severe  
6 maternal morbidity crisis within their respective  
7 States;

8 (I) the extent to which maternal mortality  
9 review committees are considering social deter-  
10 minants of maternal health when examining the  
11 causes of pregnancy-associated and pregnancy-  
12 related deaths;

13 (J) the extent to which maternal mortality  
14 review committees are making actionable rec-  
15 ommendations based on their reviews of adverse  
16 maternal health outcomes and the extent to  
17 which such recommendations are being imple-  
18 mented by appropriate stakeholders;

19 (K) the legal and administrative barriers  
20 preventing the collection, collation, and dissemi-  
21 nation of State maternity care data;

22 (L) the effectiveness of data collection and  
23 reporting processes in separating pregnancy-as-  
24 sociated deaths from pregnancy-related deaths;  
25 and

1 (M) the current Federal, State, local, and  
2 Tribal funding support for the activities re-  
3 ferred to in subparagraphs (A) through (L).

4 (2) Whether the funding support referred to in  
5 paragraph (1)(M) is adequate for States to carry out  
6 optimal data collection and dissemination processes  
7 with respect to maternal health, maternal mortality,  
8 and severe maternal morbidity.

9 (3) Current quality measures for maternity  
10 care, including prenatal measures, labor and delivery  
11 measures, and postpartum measures, including top-  
12 ics such as—

13 (A) effective quality measures for mater-  
14 nity care used by hospitals, health systems,  
15 midwifery practices, birth centers, health plans,  
16 and other relevant entities;

17 (B) the sufficiency of current outcome  
18 measures used to evaluate maternity care for  
19 driving improved care, experiences, and out-  
20 comes in maternity care payment and delivery  
21 system models;

22 (C) maternal health quality measures that  
23 other countries effectively use;

24 (D) validated measures that have been  
25 used for research purposes that could be tested,

1 refined, and submitted for national endorse-  
2 ment;

3 (E) barriers preventing maternity care pro-  
4 viders and insurers from implementing quality  
5 measures that are aligned with best practices;

6 (F) the frequency with which maternity  
7 care quality measures are reviewed and revised;

8 (G) the strengths and weaknesses of the  
9 Prenatal and Postpartum Care measures of the  
10 Health Plan Employer Data and Information  
11 Set measures established by the National Com-  
12 mittee for Quality Assurance;

13 (H) the strengths and weaknesses of ma-  
14 ternity care quality measures under the Med-  
15 icaid program under title XIX of the Social Se-  
16 curity Act (42 U.S.C. 1396 et seq.) and the  
17 Children's Health Insurance Program under  
18 title XXI of such Act (42 U.S.C. 1397 et seq.),  
19 including the extent to which States voluntarily  
20 report relevant measures;

21 (I) the extent to which maternity care  
22 quality measures are informed by patient expe-  
23 riences that include measures of patient-re-  
24 ported experience of care;

1           (J) the current processes for collecting  
2           stratified data on the race and ethnicity of  
3           pregnant and postpartum individuals in hos-  
4           pitals, health systems, midwifery practices, and  
5           birth centers, and for incorporating such ra-  
6           cially and ethnically stratified data in maternity  
7           care quality measures;

8           (K) the extent to which maternity care  
9           quality measures account for the unique experi-  
10          ences of pregnant and postpartum individuals  
11          from racial and ethnic minority groups (as such  
12          term is defined in section 1707(g)(1) of the  
13          Public Health Service Act (42 U.S.C. 300u-  
14          6(g)(1))); and

15          (L) the extent to which hospitals, health  
16          systems, midwifery practices, and birth centers  
17          are implementing existing maternity care qual-  
18          ity measures.

19          (4) Recommendations on authorizing additional  
20          funds and providing additional technical assistance  
21          to improve maternal mortality review committees  
22          and State and Tribal maternal health data collection  
23          and reporting processes.

1           (5) Recommendations for new authorities that  
2           may be granted to maternal mortality review com-  
3           mittees to be able to—

4                   (A) access records from other Federal and  
5                   State agencies and departments that may be  
6                   necessary to identify causes of pregnancy-asso-  
7                   ciated and pregnancy-related deaths that are  
8                   unique to pregnant and postpartum individuals  
9                   from specific populations, such as veterans and  
10                  individuals who are incarcerated; and

11                   (B) work with relevant experts who are not  
12                   members of the maternal mortality review com-  
13                   mittee to assist in the review of pregnancy-asso-  
14                   ciated deaths of pregnant and postpartum indi-  
15                   viduals from specific populations, such as vet-  
16                   erans and individuals who are incarcerated.

17           (6) Recommendations to improve and stand-  
18           ardize current quality measures for maternity care,  
19           with a particular focus on racial and ethnic dispari-  
20           ties in maternal health outcomes.

21           (7) Recommendations to improve the coordina-  
22           tion by the Department of Health and Human Serv-  
23           ices of the efforts undertaken by the agencies and  
24           organizations within the Department related to ma-  
25           ternal health data and quality measures.

1 (d) REPORT.—Not later than 1 year after the enact-  
2 ment of this Act, the Secretary shall submit to the Con-  
3 gress and make publicly available a report on the results  
4 of the review of maternal health data collection processes  
5 and quality measures and recommendations to improve  
6 such processes and measures required under subsection  
7 (a).

8 (e) DEFINITIONS.—In this section:

9 (1) MATERNAL MORTALITY REVIEW COM-  
10 MITTEE.—The term “maternal mortality review  
11 committee” means a maternal mortality review com-  
12 mittee duly authorized by a State and receiving  
13 funding under section 317k(a)(2)(D) of the Public  
14 Health Service Act (42 U.S.C. 247b–12(a)(2)(D)).

15 (2) PREGNANCY-ASSOCIATED DEATH.—The  
16 term “pregnancy-associated”, with respect to a  
17 death, means a death of a pregnant or postpartum  
18 individual, by any cause, that occurs during, or with-  
19 in 1 year following, the individual’s pregnancy, re-  
20 gardless of the outcome, duration, or site of the  
21 pregnancy.

22 (3) PREGNANCY-RELATED DEATH.—The term  
23 “pregnancy-related”, with respect to a death, means  
24 a death of a pregnant or postpartum individual that  
25 occurs during, or within 1 year following, the indi-



1       vidual’s pregnancy, from a pregnancy complication,  
2       a chain of events initiated by pregnancy, or the ag-  
3       gravation of an unrelated condition by the physio-  
4       logic effects of pregnancy.

5       (f) AUTHORIZATION OF APPROPRIATIONS.—There  
6       are authorized to be appropriated such sums as may be  
7       necessary to carry out this section for fiscal years 2023  
8       through 2026.

9       **SEC. 1404. INDIAN HEALTH SERVICE STUDY ON MATERNAL**  
10                   **MORTALITY AND SEVERE MATERNAL MOR-**  
11                   **BIDITY.**

12       (a) IN GENERAL.—The Director of the Indian Health  
13       Service (referred to in this section as the “Director”)  
14       shall, in coordination with entities described in subsection  
15       (b)—

16               (1) not later than 90 days after the enactment  
17       of this Act, enter into a contract with an inde-  
18       pendent research organization or Tribal Epidemi-  
19       ology Center to conduct a comprehensive study on  
20       maternal mortality and severe maternal morbidity in  
21       the populations of American Indian and Alaska Na-  
22       tive individuals; and

23               (2) not later than 3 years after the date of the  
24       enactment of this Act, submit to Congress a report  
25       on such study that contains recommendations for

1 policies and practices that can be adopted to im-  
2 prove maternal health outcomes for pregnant and  
3 postpartum American Indian and Alaska Native in-  
4 dividuals.

5 (b) PARTICIPATING ENTITIES.—The entities de-  
6 scribed in this subsection shall consist of 12 members, se-  
7 lected by the Director from among individuals nominated  
8 by Indian tribes and tribal organizations (as such terms  
9 are defined in section 4 of the Indian Self-Determination  
10 and Education Assistance Act (25 U.S.C. 5304)), and  
11 urban Indian organizations (as such term is defined in  
12 section 4 of the Indian Health Care Improvement Act (25  
13 U.S.C. 1603)). In selecting such members, the Director  
14 shall ensure that each of the 12 service areas of the Indian  
15 Health Service is represented.

16 (c) CONTENTS OF STUDY.—The study conducted  
17 pursuant to subsection (a) shall—

18 (1) examine the causes of maternal mortality  
19 and severe maternal morbidity that are unique to  
20 American Indian and Alaska Native individuals;

21 (2) include a systematic process of listening to  
22 the stories of American Indian and Alaska Native  
23 pregnant and postpartum individuals to fully under-  
24 stand the causes of, and inform potential solutions

1 to, the maternal mortality and severe maternal mor-  
2 bidity crisis within their respective communities;

3 (3) distinguish between the causes of, landscape  
4 of maternity care at, and recommendations to im-  
5 prove maternal health outcomes within, the different  
6 settings in which American Indian and Alaska Na-  
7 tive pregnant and postpartum individuals receive  
8 maternity care, such as—

9 (A) facilities operated by the Indian  
10 Health Service;

11 (B) an Indian health program operated by  
12 an Indian tribe or tribal organization pursuant  
13 to a contract, grant, cooperative agreement, or  
14 compact with the Indian Health Service pursu-  
15 ant to the Indian Self-Determination Act; and

16 (C) an urban Indian health program oper-  
17 ated by an urban Indian organization pursuant  
18 to a grant or contract with the Indian Health  
19 Service pursuant to title V of the Indian Health  
20 Care Improvement Act;

21 (4) review processes for coordinating programs  
22 of the Indian Health Service with social services pro-  
23 vided through other programs administered by the  
24 Secretary of Health and Human Services (other  
25 than the Medicare program under title XVIII of the

1 Social Security Act, the Medicaid program under  
2 title XIX of such Act, and the Children's Health In-  
3 surance Program under title XXI of such Act), in-  
4 cluding coordination with the efforts of the Task  
5 Force established under section 1403;

6 (5) review current data collection and quality  
7 measurement processes and practices;

8 (6) assess causes and frequency of maternal  
9 mental health conditions and substance use dis-  
10 orders;

11 (7) consider social determinants of health, in-  
12 cluding poverty, lack of health insurance, unemploy-  
13 ment, sexual violence, and environmental conditions  
14 in Tribal areas;

15 (8) consider the role that historical mistreat-  
16 ment of American Indian and Alaska Native women  
17 has played in causing currently high rates of mater-  
18 nal mortality and severe maternal morbidity;

19 (9) consider how current funding of the Indian  
20 Health Service affects the ability of the Service to  
21 deliver quality maternity care;

22 (10) consider the extent to which the delivery of  
23 maternity care services is culturally appropriate for  
24 American Indian and Alaska Native pregnant and  
25 postpartum individuals;

1           (11) make recommendations to reduce  
2       misclassification of American Indian and Alaska Na-  
3       tive pregnant and postpartum individuals, including  
4       consideration of best practices in training for mater-  
5       nal mortality review committee members to be able  
6       to correctly classify American Indian and Alaska  
7       Native individuals; and

8           (12) make recommendations informed by the  
9       stories shared by American Indian and Alaska Na-  
10      tive pregnant and postpartum individuals in para-  
11      graph (2) to improve maternal health outcomes for  
12      such individuals.

13      (d) REPORT.—The agreement entered into under  
14      subsection (a) with an independent research organization  
15      or Tribal Epidemiology Center shall require that the orga-  
16      nization or center transmit to Congress a report on the  
17      results of the study conducted pursuant to that agreement  
18      not later than 36 months after the date of the enactment  
19      of this Act.

20      (e) AUTHORIZATION OF APPROPRIATIONS.—There is  
21      authorized to be appropriated to carry out this section  
22      \$2,000,000 for each of fiscal years 2023 through 2025.

1 **SEC. 1405. GRANTS TO MINORITY-SERVING INSTITUTIONS**  
2 **TO STUDY MATERNAL MORTALITY, SEVERE**  
3 **MATERNAL MORBIDITY, AND OTHER AD-**  
4 **VERSE MATERNAL HEALTH OUTCOMES.**

5 (a) IN GENERAL.—The Secretary of Health and  
6 Human Services shall establish a program under which  
7 the Secretary shall award grants to research centers,  
8 health professions schools and programs, and other enti-  
9 ties at minority-serving institutions to study specific as-  
10 pects of the maternal health crisis among pregnant and  
11 postpartum individuals from racial and ethnic minority  
12 groups. Such research may—

13 (1) include the development and implementation  
14 of systematic processes of listening to the stories of  
15 pregnant and postpartum individuals from racial  
16 and ethnic minority groups, and perinatal health  
17 workers supporting such individuals, to fully under-  
18 stand the causes of, and inform potential solutions  
19 to, the maternal mortality and severe maternal mor-  
20 bidity crisis within their respective communities;

21 (2) assess the potential causes of relatively low  
22 rates of maternal mortality among Hispanic individ-  
23 uals, including potential racial misclassification and  
24 other data collection and reporting issues that might  
25 be misrepresenting maternal mortality rates among  
26 Hispanic individuals in the United States; and

1           (3) assess differences in rates of adverse mater-  
2       nal health outcomes among subgroups identifying as  
3       Hispanic.

4       (b) APPLICATION.—To be eligible to receive a grant  
5       under subsection (a), an entity described in such sub-  
6       section shall submit to the Secretary an application at  
7       such time, in such manner, and containing such informa-  
8       tion as the Secretary may require.

9       (c) TECHNICAL ASSISTANCE.—The Secretary may  
10      use not more than 10 percent of the funds made available  
11      under subsection (f)—

12           (1) to conduct outreach to minority-serving in-  
13      stitutions to raise awareness of the availability of  
14      grants under this subsection (a);

15           (2) to provide technical assistance in the appli-  
16      cation process for such a grant; and

17           (3) to promote capacity building as needed to  
18      enable entities described in such subsection to sub-  
19      mit such an application.

20      (d) REPORTING REQUIREMENT.—Each entity award-  
21      ed a grant under this section shall periodically submit to  
22      the Secretary a report on the status of activities conducted  
23      using the grant.

24      (e) EVALUATION.—Beginning one year after the date  
25      on which the first grant is awarded under this section,

1 the Secretary shall submit to Congress an annual report  
 2 summarizing the findings of research conducted using  
 3 funds made available under this section.

4 (f) MINORITY-SERVING INSTITUTIONS DEFINED.—In  
 5 this section, the term “minority-serving institution” has  
 6 the meaning given the term in section 371(a) of the High-  
 7 er Education Act of 1965 (20 U.S.C. 1067q(a)).

8 (g) AUTHORIZATION OF APPROPRIATIONS.—There  
 9 are authorized to be appropriated to carry out this section  
 10 \$10,000,000 for each of fiscal years 2023 through 2027.

## 11 **Subtitle F—Moms Matter**

### 12 **SEC. 1501. MATERNAL MENTAL HEALTH EQUITY GRANT** 13 **PROGRAM.**

14 (a) IN GENERAL.—The Secretary of Health and  
 15 Human Services, acting through the Assistant Secretary  
 16 for Mental Health and Substance Use, shall establish a  
 17 program to award grants to eligible entities to address ma-  
 18 ternal mental health conditions and substance use dis-  
 19 orders with respect to pregnant and postpartum individ-  
 20 uals, with a focus on racial and ethnic minority groups.

21 (b) APPLICATION.—To be eligible to receive a grant  
 22 under this section an eligible entity shall submit to the  
 23 Secretary an application at such time, in such manner,  
 24 and containing such information as the Secretary may  
 25 provide, including how such entity will use funds for activi-



1 ties described in subsection (d) that are culturally con-  
2 gruent.

3 (c) PRIORITY.—In awarding grants under this sec-  
4 tion, the Secretary shall give priority to an eligible entity  
5 that—

6 (1) is, or will partner with, a community-based  
7 organization to address maternal mental health con-  
8 ditions and substance use disorders described in sub-  
9 section (a);

10 (2) is operating in an area with high rates of—

11 (A) adverse maternal health outcomes; or

12 (B) significant racial or ethnic disparities  
13 in maternal health outcomes; and

14 (3) is operating in a health professional short-  
15 age area designated under section 332 of the Public  
16 Health Service Act (42 U.S.C. 254e).

17 (d) USE OF FUNDS.—An eligible entity that receives  
18 a grant under this section shall use funds for the fol-  
19 lowing:

20 (1) Establishing or expanding maternity care  
21 programs to improve the integration of maternal  
22 health and behavioral health care services into pri-  
23 mary care settings where pregnant individuals regu-  
24 larly receive health care services.

1           (2) Establishing or expanding group prenatal  
2           care programs or postpartum care programs.

3           (3) Expanding existing programs that improve  
4           maternal mental and behavioral health during the  
5           prenatal and postpartum periods, with a focus on in-  
6           dividuals from racial and ethnic minority groups.

7           (4) Providing services and support for pregnant  
8           and postpartum individuals with maternal mental  
9           health conditions and substance use disorders, in-  
10          cluding referrals to addiction treatment centers that  
11          offer evidence-based treatment options.

12          (5) Addressing stigma associated with maternal  
13          mental health conditions and substance use dis-  
14          orders, with a focus on racial and ethnic minority  
15          groups.

16          (6) Raising awareness of warning signs of ma-  
17          ternal mental health conditions and substance use  
18          disorders, with a focus on pregnant and postpartum  
19          individuals from racial and ethnic minority groups.

20          (7) Establishing or expanding programs to pre-  
21          vent suicide or self-harm among pregnant and  
22          postpartum individuals.

23          (8) Offering evidence-aligned programs at free-  
24          standing birth centers that provide maternal mental  
25          and behavioral health care education, treatments,

1 and services, and other services for individuals  
2 throughout the prenatal and postpartum period.

3 (9) Establishing or expanding programs to pro-  
4 vide education and training to maternity care pro-  
5 viders with respect to—

6 (A) identifying potential warning signs for  
7 maternal mental health conditions or substance  
8 use disorders in pregnant and postpartum indi-  
9 viduals, with a focus on individuals from racial  
10 and ethnic minority groups; and

11 (B) in the case where such providers iden-  
12 tify such warning signs, offering referrals to  
13 mental and behavioral health care professionals.

14 (10) Developing a website, or other source, that  
15 includes information on health care providers who  
16 treat maternal mental health conditions and sub-  
17 stance use disorders.

18 (11) Establishing or expanding programs in  
19 communities to improve coordination between mater-  
20 nity care providers and mental and behavioral health  
21 care providers who treat maternal mental health  
22 conditions and substance use disorders, including  
23 through the use of toll-free hotlines.

24 (12) Carrying out other programs aligned with  
25 evidence-based practices for addressing maternal

1        mental health conditions and substance use dis-  
2        orders for pregnant and postpartum individuals from  
3        racial and ethnic minority groups.

4        (e) REPORTING.—

5            (1) ELIGIBLE ENTITIES.—An eligible entity  
6        that receives a grant under subsection (a) shall sub-  
7        mit annually to the Secretary, and make publicly  
8        available, a report on the activities conducted using  
9        funds received through a grant under this section.  
10       Such reports shall include quantitative and quali-  
11       tative evaluations of such activities, including the ex-  
12       perience of individuals who received health care  
13       through such grant.

14          (2) SECRETARY.—Not later than the end of fis-  
15       cal year 2025, the Secretary shall submit to Con-  
16       gress a report that includes—

17            (A) a summary of the reports received  
18        under paragraph (1);

19            (B) an evaluation of the effectiveness of  
20        grants awarded under this section;

21            (C) recommendations with respect to ex-  
22        panding coverage of evidence-based screenings  
23        and treatments for maternal mental health con-  
24        ditions and substance use disorders; and

1 (D) recommendations with respect to en-  
2 suring activities described under subsection (d)  
3 continue after the end of a grant period.

4 (f) DEFINITIONS.—In this section:

5 (1) ELIGIBLE ENTITY.—The term “eligible enti-  
6 ty” means—

7 (A) a community-based organization serv-  
8 ing pregnant and postpartum individuals, in-  
9 cluding such organizations serving individuals  
10 from racial and ethnic minority groups and  
11 other underserved populations;

12 (B) a nonprofit or patient advocacy organi-  
13 zation with expertise in maternal mental and  
14 behavioral health;

15 (C) a maternity care provider;

16 (D) a mental or behavioral health care pro-  
17 vider who treats maternal mental health condi-  
18 tions or substance use disorders;

19 (E) a State or local governmental entity,  
20 including a State or local public health depart-  
21 ment;

22 (F) an Indian Tribe or Tribal organization  
23 (as such terms are defined in section 4 of the  
24 Indian Self-Determination and Education As-  
25 sistance Act (25 U.S.C. 5304)); and

1 (G) an Urban Indian organization (as such  
 2 term is defined in section 4 of the Indian  
 3 Health Care Improvement Act (25 U.S.C.  
 4 1603)).

5 (2) FREESTANDING BIRTH CENTER.—The term  
 6 “freestanding birth center” has the meaning given  
 7 that term under section 1905(l) of the Social Secu-  
 8 rity Act (42 U.S.C. 1396d(1)).

9 (3) SECRETARY.—The term “Secretary” means  
 10 the Secretary of Health and Human Services.

11 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry  
 12 out this section, there is authorized to be appropriated  
 13 \$25,000,000 for each of fiscal years 2023 through 2026.

14 **SEC. 1502. GRANTS TO GROW AND DIVERSIFY THE MATER-**  
 15 **NAL MENTAL AND BEHAVIORAL HEALTH**  
 16 **CARE WORKFORCE.**

17 Title VII of the Public Health Service Act (42 U.S.C.  
 18 292 et seq.) is amended by inserting after section 758 of  
 19 such Act, as added by section 1302 of this title, the fol-  
 20 lowing new section:

21 **“SEC. 758A. MATERNAL MENTAL AND BEHAVIORAL HEALTH**  
 22 **CARE WORKFORCE GRANTS.**

23 “(a) IN GENERAL.—The Secretary may award grants  
 24 to entities to establish or expand programs described in

1 subsection (b) to grow and diversify the maternal mental  
2 and behavioral health care workforce.

3 “(b) USE OF FUNDS.—Recipients of grants under  
4 this section shall use the grants to grow and diversify the  
5 maternal mental and behavioral health care workforce  
6 by—

7 “(1) establishing schools or programs that pro-  
8 vide education and training to individuals seeking  
9 appropriate licensing or certification as mental or  
10 behavioral health care providers who will specialize  
11 in maternal mental health conditions or substance  
12 use disorders; or

13 “(2) expanding the capacity of existing schools  
14 or programs described in paragraph (1), for the pur-  
15 poses of increasing the number of students enrolled  
16 in such schools or programs, including by awarding  
17 scholarships for students.

18 “(c) PRIORITIZATION.—In awarding grants under  
19 this section, the Secretary shall give priority to any entity  
20 that—

21 “(1) has demonstrated a commitment to re-  
22 cruiting and retaining students and faculty from ra-  
23 cial and ethnic minority groups;

24 “(2) has developed a strategy to recruit and re-  
25 tain a diverse pool of students into the maternal

1       mental or behavioral health care workforce program  
2       or school supported by funds received through the  
3       grant, particularly from racial and ethnic minority  
4       groups and other underserved populations;

5           “(3) has developed a strategy to recruit and re-  
6       tain students who plan to practice in a health pro-  
7       fessional shortage area designated under section  
8       332;

9           “(4) has developed a strategy to recruit and re-  
10      tain students who plan to practice in an area with  
11      significant racial and ethnic disparities in maternal  
12      health outcomes, to the extent practicable; and

13          “(5) includes in the standard curriculum for all  
14      students within the maternal mental or behavioral  
15      health care workforce program or school a bias, rac-  
16      ism, or discrimination training program that in-  
17      cludes training on implicit bias and racism.

18      “(d) REPORTING.—As a condition on receipt of a  
19      grant under this section for a maternal mental or behav-  
20      ioral health care workforce program or school, an entity  
21      shall agree to submit to the Secretary an annual report  
22      on the activities conducted through the grant, including—

23          “(1) the number and demographics of students  
24      participating in the program or school;



1           “(2) the extent to which students in the pro-  
2       gram or school are entering careers in—

3           “(A) health professional shortage areas  
4       designated under section 332; and

5           “(B) areas with significant racial and eth-  
6       nic disparities in maternal health outcomes, to  
7       the extent such data are available; and

8           “(3) whether the program or school has in-  
9       cluded in the standard curriculum for all students a  
10      bias, racism, or discrimination training program that  
11      includes training on implicit bias and racism, and if  
12      so the effectiveness of such training program.

13          “(e) PERIOD OF GRANTS.—The period of a grant  
14      under this section shall be up to 5 years.

15          “(f) APPLICATION.—To seek a grant under this sec-  
16      tion, an entity shall submit to the Secretary an application  
17      at such time, in such manner, and containing such infor-  
18      mation as the Secretary may require, including any infor-  
19      mation necessary for prioritization under subsection (c).

20          “(g) TECHNICAL ASSISTANCE.—The Secretary shall  
21      provide, directly or by contract, technical assistance to en-  
22      tities seeking or receiving a grant under this section on  
23      the development, use, evaluation, and post-grant period  
24      sustainability of the maternal mental or behavioral health

1 care workforce programs or schools proposed to be, or  
2 being, established or expanded through the grant.

3 “(h) REPORT BY THE SECRETARY.—Not later than  
4 4 years after the date of enactment of this section, the  
5 Secretary shall prepare and submit to the Congress, and  
6 post on the internet website of the Department of Health  
7 and Human Services, a report on the effectiveness of the  
8 grant program under this section at—

9 “(1) recruiting students from racial and ethnic  
10 minority groups and other underserved populations;

11 “(2) increasing the number of mental or behav-  
12 ioral health care providers specializing in maternal  
13 mental health conditions or substance use disorders  
14 from racial and ethnic minority groups and other  
15 underserved populations;

16 “(3) increasing the number of mental or behav-  
17 ioral health care providers specializing in maternal  
18 mental health conditions or substance use disorders  
19 working in health professional shortage areas des-  
20 ignated under section 332; and

21 “(4) increasing the number of mental or behav-  
22 ioral health care providers specializing in maternal  
23 mental health conditions or substance use disorders  
24 working in areas with significant racial and ethnic

1 disparities in maternal health outcomes, to the ex-  
 2 tent such data are available.

3 “(i) DEFINITIONS.—In this section:

4 “(1) RACIAL AND ETHNIC MINORITY GROUP.—  
 5 The term ‘racial and ethnic minority group’ has the  
 6 meaning given such term in section 1707(g)(1).

7 “(2) MENTAL OR BEHAVIORAL HEALTH CARE  
 8 PROVIDER.—The term ‘mental or behavioral health  
 9 care provider’ refers to a health care provider in the  
 10 field of mental and behavioral health, including sub-  
 11 stance use disorders, acting in accordance with State  
 12 law.

13 “(j) AUTHORIZATION OF APPROPRIATIONS.—To  
 14 carry out this section, there is authorized to be appro-  
 15 priated \$15,000,000 for each of fiscal years 2023 through  
 16 2027.”.

## 17 **Subtitle G—Justice for** 18 **Incarcerated Moms**

19 **SEC. 1601. ENDING THE SHACKLING OF PREGNANT INDI-**  
 20 **VIDUALS.**

21 (a) IN GENERAL.—Beginning on the date that is 6  
 22 months after the date of enactment of this Act, and annu-  
 23 ally thereafter, in each State that receives a grant under  
 24 subpart 1 of part E of title I of the Omnibus Crime Con-  
 25 trol and Safe Streets Act of 1968 (34 U.S.C. 10151 et

1 seq.) (commonly referred to as the “Edward Byrne Memo-  
 2 rial Justice Grant Program”) and that does not have in  
 3 effect throughout the State for such fiscal year laws re-  
 4 stricting the use of restraints on pregnant individuals in  
 5 prison that are substantially similar to the rights, proce-  
 6 dures, requirements, effects, and penalties set forth in sec-  
 7 tion 4322 of title 18, United States Code, the amount of  
 8 such grant that would otherwise be allocated to such State  
 9 under such subpart for the fiscal year shall be decreased  
 10 by 25 percent.

11 (b) REALLOCATION.—Amounts not allocated to a  
 12 State for failure to comply with subsection (a) shall be  
 13 reallocated in accordance with subpart 1 of part E of title  
 14 I of the Omnibus Crime Control and Safe Streets Act of  
 15 1968 (34 U.S.C. 10151 et seq.) to States that have com-  
 16 plied with such subsection.

17 **SEC. 1602. CREATING MODEL PROGRAMS FOR THE CARE**  
 18 **OF INCARCERATED INDIVIDUALS IN THE**  
 19 **PRENATAL AND POSTPARTUM PERIODS.**

20 (a) IN GENERAL.—Not later than 1 year after the  
 21 date of enactment of this Act, the Attorney General, act-  
 22 ing through the Director of the Bureau of Prisons, shall  
 23 establish, in not fewer than 6 Bureau of Prisons facilities,  
 24 programs to optimize maternal health outcomes for preg-  
 25 nant and postpartum individuals incarcerated in such fa-

1 cilities. The Attorney General shall establish such pro-  
2 grams in consultation with stakeholders such as—

3           (1) relevant community-based organizations,  
4           particularly organizations that represent incarcer-  
5           ated and formerly incarcerated individuals and orga-  
6           nizations that seek to improve maternal health out-  
7           comes for pregnant and postpartum individuals from  
8           racial and ethnic minority groups;

9           (2) relevant organizations representing patients,  
10          with a particular focus on patients from racial and  
11          ethnic minority groups;

12          (3) organizations representing maternity care  
13          providers and maternal health care education pro-  
14          grams;

15          (4) perinatal health workers; and

16          (5) researchers and policy experts in fields re-  
17          lated to maternal health care for incarcerated indi-  
18          viduals.

19          (b) START DATE.—Each selected facility shall begin  
20          facility programs not later than 18 months after the date  
21          of enactment of this Act.

22          (c) FACILITY PRIORITY.—In carrying out subsection  
23          (a), the Director shall give priority to a facility based on—

24                (1) the number of pregnant and postpartum in-  
25                dividuals incarcerated in such facility and, among

1       such individuals, the number of pregnant and  
2       postpartum individuals from racial and ethnic mi-  
3       nority groups; and

4               (2) the extent to which the leaders of such facil-  
5       ity have demonstrated a commitment to developing  
6       exemplary programs for pregnant and postpartum  
7       individuals incarcerated in such facility.

8       (d) PROGRAM DURATION.—The programs established  
9       under this section shall be for a 5-year period.

10       (e) PROGRAMS.—Bureau of Prisons facilities selected  
11       by the Director shall establish programs for pregnant and  
12       postpartum incarcerated individuals, and such programs  
13       may—

14               (1) provide access to perinatal health workers  
15       from pregnancy through the postpartum period;

16               (2) provide access to healthy foods and coun-  
17       seling on nutrition, recommended activity levels, and  
18       safety measures throughout pregnancy;

19               (3) train correctional officers to ensure that  
20       pregnant incarcerated individuals receive safe and  
21       respectful treatment;

22               (4) train medical personnel to ensure that preg-  
23       nant incarcerated individuals receive trauma-in-  
24       formed, culturally congruent care that promotes the  
25       health and safety of the pregnant individuals;

1           (5) provide counseling and treatment for indi-  
2       viduals who have suffered from—

3           (A) diagnosed mental or behavioral health  
4       conditions, including trauma and substance use  
5       disorders;

6           (B) trauma or violence, including domestic  
7       violence;

8           (C) human immunodeficiency virus;

9           (D) sexual abuse;

10          (E) pregnancy or infant loss; or

11          (F) chronic conditions;

12          (6) provide evidence-based pregnancy and child-  
13       birth education, parenting support, and other rel-  
14       evant forms of health literacy;

15          (7) provide clinical education opportunities to  
16       maternity care providers in training to expand path-  
17       ways into maternal health care careers serving incar-  
18       cerated individuals;

19          (8) offer opportunities for postpartum individ-  
20       uals to maintain contact with the individual's new-  
21       born child to promote bonding, including enhanced  
22       visitation policies, access to prison nursery pro-  
23       grams, or breastfeeding support;

24          (9) provide reentry assistance, particularly to—

1 (A) ensure access to health insurance cov-  
2 erage and transfer of health records to commu-  
3 nity providers if an incarcerated individual exits  
4 the criminal justice system during such individ-  
5 ual's pregnancy or in the postpartum period;  
6 and

7 (B) connect individuals exiting the criminal  
8 justice system during pregnancy or in the  
9 postpartum period to community-based re-  
10 sources, such as referrals to health care pro-  
11 viders, substance use disorder treatments, and  
12 social services that address social determinants  
13 maternal of health; or

14 (10) establish partnerships with local public en-  
15 tities, private community entities, community-based  
16 organizations, Indian Tribes and tribal organizations  
17 (as such terms are defined in section 4 of the Indian  
18 Self-Determination and Education Assistance Act  
19 (25 U.S.C. 5304)), and urban Indian organizations  
20 (as such term is defined in section 4 of the Indian  
21 Health Care Improvement Act (25 U.S.C. 1603)) to  
22 establish or expand pretrial diversion programs as  
23 an alternative to incarceration for pregnant and  
24 postpartum individuals. Such programs may in-  
25 clude—



1 (A) evidence-based childbirth education or  
2 parenting classes;

3 (B) prenatal health coordination;

4 (C) family and individual counseling;

5 (D) evidence-based screenings, education,  
6 and, as needed, treatment for mental and be-  
7 havioral health conditions, including drug and  
8 alcohol treatments;

9 (E) family case management services;

10 (F) domestic violence education and pre-  
11 vention;

12 (G) physical and sexual abuse counseling;  
13 and

14 (H) programs to address social deter-  
15 minants of health such as employment, housing,  
16 education, transportation, and nutrition.

17 (f) IMPLEMENTATION AND REPORTING.—A selected  
18 facility shall be responsible for—

19 (1) implementing programs, which may include  
20 the programs described in subsection (e); and

21 (2) not later than 3 years after the date of en-  
22 actment of this Act, and 6 years after the date of  
23 enactment of this Act, reporting results of the pro-  
24 grams to the Director, including information de-  
25 scribing—

1           (A) relevant quantitative indicators of suc-  
2           cess in improving the standard of care and  
3           health outcomes for pregnant and postpartum  
4           incarcerated individuals in the facility, including  
5           data stratified by race, ethnicity, sex, gender,  
6           age, geography, disability status, the category  
7           of the criminal charge against such individual,  
8           rates of pregnancy-related deaths, pregnancy-  
9           associated deaths, cases of infant mortality and  
10          morbidity, rates of preterm births and low-  
11          birthweight births, cases of severe maternal  
12          morbidity, cases of violence against pregnant or  
13          postpartum individuals, diagnoses of maternal  
14          mental or behavioral health conditions, and  
15          other such information as appropriate;

16          (B) relevant qualitative and quantitative  
17          evaluations from pregnant and postpartum in-  
18          carcerated individuals who participated in such  
19          programs, including measures of patient-re-  
20          ported experience of care; and

21          (C) strategies to sustain such programs  
22          after fiscal year 2027 and expand such pro-  
23          grams to other facilities.

24          (g) REPORT.—Not later than 6 years after the date  
25          of enactment of this Act, the Director shall submit to the

1 Attorney General and to the Congress a report describing  
2 the results of the programs funded under this section.

3 (h) OVERSIGHT.—Not later than 1 year after the  
4 date of enactment of this Act, the Attorney General shall  
5 award a contract to an independent organization or inde-  
6 pendent organizations to conduct oversight of the pro-  
7 grams described in subsection (e).

8 (i) AUTHORIZATION OF APPROPRIATIONS.—There is  
9 authorized to be appropriated to carry out this section  
10 \$10,000,000 for each of fiscal years 2023 through 2027.

11 **SEC. 1603. GRANT PROGRAM TO IMPROVE MATERNAL**  
12 **HEALTH OUTCOMES FOR INDIVIDUALS IN**  
13 **STATE AND LOCAL PRISONS AND JAILS.**

14 (a) ESTABLISHMENT.—Not later than 1 year after  
15 the date of enactment of this Act, the Attorney General,  
16 acting through the Director of the Bureau of Justice As-  
17 sistance, shall award Justice for Incarcerated Moms  
18 grants to States to establish or expand programs in State  
19 and local prisons and jails for pregnant and postpartum  
20 incarcerated individuals. The Attorney General shall  
21 award such grants in consultation with stakeholders such  
22 as—

23 (1) relevant community-based organizations,  
24 particularly organizations that represent incarcer-  
25 ated and formerly incarcerated individuals and orga-

1       nizations that seek to improve maternal health out-  
2       comes for pregnant and postpartum individuals from  
3       racial and ethnic minority groups;

4               (2) relevant organizations representing patients,  
5       with a particular focus on patients from racial and  
6       ethnic minority groups;

7               (3) organizations representing maternity care  
8       providers and maternal health care education pro-  
9       grams;

10              (4) perinatal health workers; and

11              (5) researchers and policy experts in fields re-  
12       lated to maternal health care for incarcerated indi-  
13       viduals.

14       (b) APPLICATIONS.—Each applicant for a grant  
15       under this section shall submit to the Director of the Bu-  
16       reau of Justice Assistance an application at such time, in  
17       such manner, and containing such information as the Di-  
18       rector may require.

19       (c) USE OF FUNDS.—A State that is awarded a grant  
20       under this section shall use such grant to establish or ex-  
21       pand programs for pregnant and postpartum incarcerated  
22       individuals, and such programs may—

23              (1) provide access to perinatal health workers  
24       from pregnancy through the postpartum period;

1           (2) provide access to healthy foods and coun-  
2           seling on nutrition, recommended activity levels, and  
3           safety measures throughout pregnancy;

4           (3) train correctional officers to ensure that  
5           pregnant incarcerated individuals receive safe and  
6           respectful treatment;

7           (4) train medical personnel to ensure that preg-  
8           nant incarcerated individuals receive trauma-in-  
9           formed, culturally congruent care that promotes the  
10          health and safety of the pregnant individuals;

11          (5) provide counseling and treatment for indi-  
12          viduals who have suffered from—

13                (A) diagnosed mental or behavioral health  
14                conditions, including trauma and substance use  
15                disorders;

16                (B) trauma or violence, including domestic  
17                violence;

18                (C) human immunodeficiency virus;

19                (D) sexual abuse;

20                (E) pregnancy or infant loss; or

21                (F) chronic conditions;

22          (6) provide evidence-based pregnancy and child-  
23          birth education, parenting support, and other rel-  
24          evant forms of health literacy;

1           (7) provide clinical education opportunities to  
2           maternity care providers in training to expand path-  
3           ways into maternal health care careers serving incar-  
4           cerated individuals;

5           (8) offer opportunities for postpartum individ-  
6           uals to maintain contact with the individual's new-  
7           born child to promote bonding, including enhanced  
8           visitation policies, access to prison nursery pro-  
9           grams, or breastfeeding support;

10          (9) provide reentry assistance, particularly to—

11                (A) ensure access to health insurance cov-  
12                erage and transfer of health records to commu-  
13                nity providers if an incarcerated individual exits  
14                the criminal justice system during such individ-  
15                ual's pregnancy or in the postpartum period;  
16                and

17                (B) connect individuals exiting the criminal  
18                justice system during pregnancy or in the  
19                postpartum period to community-based re-  
20                sources, such as referrals to health care pro-  
21                viders, substance use disorder treatments, and  
22                social services that address social determinants  
23                of maternal health; or

24          (10) establish partnerships with local public en-  
25          tities, private community entities, community-based

1 organizations, Indian Tribes and tribal organizations  
2 (as such terms are defined in section 4 of the Indian  
3 Self-Determination and Education Assistance Act  
4 (25 U.S.C. 5304)), and urban Indian organizations  
5 (as such term is defined in section 4 of the Indian  
6 Health Care Improvement Act (25 U.S.C. 1603)) to  
7 establish or expand pretrial diversion programs as  
8 an alternative to incarceration for pregnant and  
9 postpartum individuals. Such programs may in-  
10 clude—

11 (A) evidence-based childbirth education or  
12 parenting classes;

13 (B) prenatal health coordination;

14 (C) family and individual counseling;

15 (D) evidence-based screenings, education,  
16 and, as needed, treatment for mental and be-  
17 havioral health conditions, including drug and  
18 alcohol treatments;

19 (E) family case management services;

20 (F) domestic violence education and pre-  
21 vention;

22 (G) physical and sexual abuse counseling;

23 and

1 (H) programs to address social deter-  
2 minants of health such as employment, housing,  
3 education, transportation, and nutrition.

4 (d) PRIORITY.—In awarding grants under this sec-  
5 tion, the Director of the Bureau of Justice Assistance  
6 shall give priority to applicants based on—

7 (1) the number of pregnant and postpartum in-  
8 dividuals incarcerated in the State and, among such  
9 individuals, the number of pregnant and postpartum  
10 individuals from racial and ethnic minority groups;  
11 and

12 (2) the extent to which the State has dem-  
13 onstrated a commitment to developing exemplary  
14 programs for pregnant and postpartum individuals  
15 incarcerated in the prisons and jails in the State.

16 (e) GRANT DURATION.—A grant awarded under this  
17 section shall be for a 5-year period.

18 (f) IMPLEMENTING AND REPORTING.—A State that  
19 receives a grant under this section shall be responsible  
20 for—

21 (1) implementing the program funded by the  
22 grant; and

23 (2) not later than 3 years after the date of en-  
24 actment of this Act, and 6 years after the date of  
25 enactment of this Act, reporting results of such pro-



1       gram to the Attorney General, including information  
2       describing—

3               (A) relevant quantitative indicators of the  
4               program's success in improving the standard of  
5               care and health outcomes for pregnant and  
6               postpartum incarcerated individuals in the facil-  
7               ity, including data stratified by race, ethnicity,  
8               sex, gender, age, geography, disability status,  
9               category of the criminal charge against such in-  
10              dividual, incidence rates of pregnancy-related  
11              deaths, pregnancy-associated deaths, cases of  
12              infant mortality and morbidity, rates of preterm  
13              births and low-birthweight births, cases of se-  
14              vere maternal morbidity, cases of violence  
15              against pregnant or postpartum individuals, di-  
16              agnoses of maternal mental or behavioral health  
17              conditions, and other such information as ap-  
18              propriate;

19              (B) relevant qualitative and quantitative  
20              evaluations from pregnant and postpartum in-  
21              carcerated individuals who participated in such  
22              programs, including measures of patient-re-  
23              ported experience of care; and

1 (C) strategies to sustain such programs be-  
2 yond the duration of the grant and expand such  
3 programs to other facilities.

4 (g) REPORT.—Not later than 6 years after the date  
5 of enactment of this Act, the Attorney General shall sub-  
6 mit to the Congress a report describing the results of such  
7 grant programs.

8 (h) OVERSIGHT.—Not later than 1 year after the  
9 date of enactment of this Act, the Attorney General shall  
10 award a contract to an independent organization or inde-  
11 pendent organizations to conduct oversight of the pro-  
12 grams described in subsection (c).

13 (i) AUTHORIZATION OF APPROPRIATIONS.—There is  
14 authorized to be appropriated to carry out this section  
15 \$10,000,000 for each of fiscal years 2023 through 2027.

16 **SEC. 1604. GAO REPORT.**

17 (a) IN GENERAL.—Not later than 2 years after the  
18 date of enactment of this Act, the Comptroller General  
19 of the United States shall submit to Congress a report  
20 on adverse maternal and infant health outcomes among  
21 incarcerated individuals and infants born to such individ-  
22 uals, with a particular focus on racial and ethnic dispari-  
23 ties in maternal and infant health outcomes for incarcer-  
24 ated individuals.

1 (b) CONTENTS OF REPORT.—The report described in  
2 this section shall include—

3 (1) to the extent practicable—

4 (A) the number of pregnant individuals  
5 who are incarcerated in Bureau of Prisons fa-  
6 cilities;

7 (B) the number of incarcerated individuals,  
8 including those incarcerated in Federal, State,  
9 and local correctional facilities, who have expe-  
10 rienced a pregnancy-related death, pregnancy-  
11 associated death, or the death of an infant in  
12 the most recent 10 years of available data;

13 (C) the number of cases of severe maternal  
14 morbidity among incarcerated individuals, in-  
15 cluding those incarcerated in Federal, State,  
16 and local detention facilities, in the most recent  
17 10 years of available data;

18 (D) the number of preterm and low-birth-  
19 weight births of infants born to incarcerated in-  
20 dividuals, including those incarcerated in Fed-  
21 eral, State, and local correctional facilities, in  
22 the most recent 10 years of available data; and

23 (E) statistics on the racial and ethnic dis-  
24 parities in maternal and infant health outcomes  
25 and severe maternal morbidity rates among in-

1           carcerated individuals, including those incarcer-  
2           ated in Federal, State, and local detention fa-  
3           cilities;

4           (2) in the case that the Comptroller General of  
5           the United States is unable determine the informa-  
6           tion required in subparagraphs (A) through (C) of  
7           paragraph (1), an assessment of the barriers to de-  
8           termining such information and recommendations  
9           for improvements in tracking maternal health out-  
10          comes among incarcerated individuals, including  
11          those incarcerated in Federal, State, and local deten-  
12          tion facilities;

13          (3) causes of adverse maternal health outcomes  
14          that are unique to incarcerated individuals, including  
15          those incarcerated in Federal, State, and local deten-  
16          tion facilities;

17          (4) causes of adverse maternal health outcomes  
18          and severe maternal morbidity that are unique to in-  
19          carcerated individuals from racial and ethnic minor-  
20          ity groups;

21          (5) recommendations to reduce maternal mor-  
22          tality and severe maternal morbidity among incar-  
23          cerated individuals and to address racial and ethnic  
24          disparities in maternal health outcomes for incarcer-

1       ated individuals in Bureau of Prisons facilities and  
2       State and local prisons and jails; and

3           (6) such other information as may be appro-  
4       prium to reduce the occurrence of adverse maternal  
5       health outcomes among incarcerated individuals and  
6       to address racial and ethnic disparities in maternal  
7       health outcomes for such individuals.

8   **SEC. 1605. MACPAC REPORT.**

9       (a) IN GENERAL.—Not later than 2 years after the  
10      date of enactment of this Act, the Medicaid and CHIP  
11      Payment and Access Commission (referred to in this sec-  
12      tion as “MACPAC”) shall publish a report on the implica-  
13      tions of pregnant and postpartum incarcerated individuals  
14      being ineligible for medical assistance under a State plan  
15      under title XIX of the Social Security Act (42 U.S.C.  
16      1396 et seq.) that contains the information described in  
17      subsection.

18      (b) INFORMATION DESCRIBED.—For purposes of  
19      subsection (a), the information described in this sub-  
20      section includes—

21           (1) information on the effect of ineligibility for  
22      medical assistance under a State plan under title  
23      XIX of the Social Security Act (42 U.S.C. 1396 et  
24      seq.) on maternal health outcomes for pregnant and  
25      postpartum incarcerated individuals, concentrating

1 on the effects of such ineligibility for pregnant and  
 2 postpartum individuals from racial and ethnic mi-  
 3 nority groups; and

4 (2) the potential implications on maternal  
 5 health outcomes resulting from suspending eligibility  
 6 for medical assistance under a State plan under  
 7 such title of such Act when a pregnant or  
 8 postpartum individual is incarcerated.

## 9 **Subtitle H—Tech to Save Moms**

### 10 **SEC. 1701. INTEGRATED TELEHEALTH MODELS IN MATER-** 11 **NITY CARE SERVICES.**

12 (a) IN GENERAL.—Section 1115A(b)(2)(B) of the  
 13 Social Security Act (42 U.S.C. 1315a(b)(2)(B)) is amend-  
 14 ed by adding at the end the following:

15 “(xxviii) Focusing on title XIX, pro-  
 16 viding for the adoption of and use of tele-  
 17 health tools that allow for screening, moni-  
 18 toring, and management of common health  
 19 complications with respect to an individual  
 20 receiving medical assistance during such  
 21 individual’s pregnancy and for not more  
 22 than a 1-year period beginning on the last  
 23 day of the pregnancy.”.

1 (b) EFFECTIVE DATE.—The amendment made by  
 2 subsection (a) shall take effect 1 year after the date of  
 3 the enactment of this Act.

4 **SEC. 1702. GRANTS TO EXPAND THE USE OF TECHNOLOGY-**  
 5 **ENABLED COLLABORATIVE LEARNING AND**  
 6 **CAPACITY MODELS FOR PREGNANT AND**  
 7 **POSTPARTUM INDIVIDUALS.**

8 Title III of the Public Health Service Act is amended  
 9 by inserting after section 330P (42 U.S.C. 254c–22) the  
 10 following:

11 **“SEC. 330Q. EXPANDING CAPACITY FOR MATERNAL**  
 12 **HEALTH OUTCOMES.**

13 “(a) ESTABLISHMENT.—Beginning not later than 1  
 14 year after the date of enactment of this section, the Sec-  
 15 retary shall award grants to eligible entities to evaluate,  
 16 develop, and expand the use of technology-enabled collabo-  
 17 rative learning and capacity building models and improve  
 18 maternal health outcomes—

19 “(1) in health professional shortage areas;

20 “(2) in areas with high rates of maternal mor-  
 21 tality and severe maternal morbidity;

22 “(3) in areas with significant racial and ethnic  
 23 disparities in maternal health outcomes; and

24 “(4) for medically underserved populations and  
 25 American Indians and Alaska Natives, including In-

1       dian Tribes, Tribal organizations, and Urban Indian  
2       organizations.

3       “(b) USE OF FUNDS.—

4               “(1) REQUIRED USES.—Recipients of grants  
5       under this section shall use the grants to—

6               “(A) train maternal health care providers,  
7       students, and other similar professionals  
8       through models that include—

9               “(i) methods to increase safety and  
10       health care quality;

11              “(ii) implicit bias, racism, and dis-  
12       crimination;

13              “(iii) best practices in screening for  
14       and, as needed, evaluating and treating  
15       maternal mental health conditions and  
16       substance use disorders;

17              “(iv) training on best practices in ma-  
18       ternity care for pregnant and postpartum  
19       individuals during the COVID–19 public  
20       health emergency or future public health  
21       emergencies;

22              “(v) methods to screen for social de-  
23       terminants of maternal health risks in the  
24       prenatal and postpartum; and



1 “(vi) the use of remote patient moni-  
2 toring tools for pregnancy-related com-  
3 plications described in section  
4 1115A(b)(2)(B)(xxviii);

5 “(B) evaluate and collect information on  
6 the effect of such models on—

7 “(i) access to and quality of care;

8 “(ii) outcomes with respect to the  
9 health of an individual; and

10 “(iii) the experience of individuals who  
11 receive pregnancy-related health care;

12 “(C) develop qualitative and quantitative  
13 measures to identify best practices for the ex-  
14 pansion and use of such models;

15 “(D) study the effect of such models on  
16 patient outcomes and maternity care providers;  
17 and

18 “(E) conduct any other activity determined  
19 by the Secretary.

20 “(2) PERMISSIBLE USES.—Recipients of grants  
21 under this section may use grants to support—

22 “(A) the use and expansion of technology-  
23 enabled collaborative learning and capacity  
24 building models, including hardware and soft-  
25 ware that—

1 “(i) enables distance learning and  
2 technical support; and

3 “(ii) supports the secure exchange of  
4 electronic health information; and

5 “(B) maternity care providers, students,  
6 and other similar professionals in the provision  
7 of maternity care through such models.

8 “(c) APPLICATION.—

9 “(1) IN GENERAL.—An eligible entity seeking a  
10 grant under subsection (a) shall submit to the Sec-  
11 retary an application, at such time, in such manner,  
12 and containing such information as the Secretary  
13 may require.

14 “(2) ASSURANCE.—An application under para-  
15 graph (1) shall include an assurance that such entity  
16 shall collect information on and assess the effect of  
17 the use of technology-enabled collaborative learning  
18 and capacity building models, including with respect  
19 to—

20 “(A) maternal health outcomes;

21 “(B) access to maternal health care serv-  
22 ices;

23 “(C) quality of maternal health care; and

1                   “(D) retention of maternity care providers  
2                   serving areas and populations described in sub-  
3                   section (a).

4           “(d) LIMITATIONS.—

5                   “(1) NUMBER.—The Secretary may not award  
6                   more than 1 grant under this section.

7                   “(2) DURATION.—A grant awarded under this  
8                   section shall be for a 5-year period.

9           “(e) ACCESS TO BROADBAND.—In administering  
10           grants under this section, the Secretary may coordinate  
11           with other agencies to ensure that funding opportunities  
12           are available to support access to reliable, high-speed  
13           internet for grantees.

14           “(f) TECHNICAL ASSISTANCE.—The Secretary shall  
15           provide (either directly or by contract) technical assistance  
16           to eligible entities, including recipients of grants under  
17           subsection (a), on the development, use, and sustainability  
18           of technology-enabled collaborative learning and capacity  
19           building models to expand access to maternal health care  
20           services provided by such entities, including—

21                   “(1) in health professional shortage areas;

22                   “(2) in areas with high rates of maternal mor-  
23           tality and severe maternal morbidity or significant  
24           racial and ethnic disparities in maternal health out-  
25           comes; and

1           “(3) for medically underserved populations or  
2       American Indians and Alaska Natives.

3           “(g) RESEARCH AND EVALUATION.—The Secretary,  
4 in consultation with experts, shall develop a strategic plan  
5 to research and evaluate the evidence for such models.

6           “(h) REPORTING.—

7           “(1) ELIGIBLE ENTITIES.—An eligible entity  
8 that receives a grant under subsection (a) shall sub-  
9 mit to the Secretary a report, at such time, in such  
10 manner, and containing such information as the Sec-  
11 retary may require.

12           “(2) SECRETARY.—Not later than 4 years after  
13 the date of enactment of this section, the Secretary  
14 shall submit to the Congress, and make available on  
15 the website of the Department of Health and  
16 Human Services, a report that includes—

17           “(A) a description of grants awarded  
18 under subsection (a) and the purpose and  
19 amounts of such grants;

20           “(B) a summary of—

21           “(i) the evaluations conducted under  
22 subsection (b)(B);

23           “(ii) any technical assistance provided  
24 under subsection (g); and

1 “(iii) the activities conducted under  
2 subsection (a); and

3 “(C) a description of any significant find-  
4 ings with respect to—

5 “(i) patient outcomes; and

6 “(ii) best practices for expanding,  
7 using, or evaluating technology-enabled col-  
8 laborative learning and capacity building  
9 models.

10 “(i) AUTHORIZATION OF APPROPRIATIONS.—There is  
11 authorized to be appropriated to carry out this section,  
12 \$6,000,000 for each of fiscal years 2023 through 2027.

13 “(j) DEFINITIONS.—In this section:

14 “(1) ELIGIBLE ENTITY.—

15 “(A) IN GENERAL.—The term ‘eligible en-  
16 tity’ means an entity that provides, or supports  
17 the provision of, maternal health care services  
18 or other evidence-based services for pregnant  
19 and postpartum individuals—

20 “(i) in health professional shortage  
21 areas;

22 “(ii) in areas with high rates of ad-  
23 verse maternal health outcomes or signifi-  
24 cant racial and ethnic disparities in mater-  
25 nal health outcomes; and

1 “(iii) who are—

2 “(I) members of medically under-  
3 served populations; or

4 “(II) American Indians and Alas-  
5 ka Natives, including Indian Tribes,  
6 Tribal organizations, and urban In-  
7 dian organizations.

8 “(B) INCLUSIONS.—An eligible entity may  
9 include entities that lead, or are capable of  
10 leading a technology-enabled collaborative learn-  
11 ing and capacity building model.

12 “(2) HEALTH PROFESSIONAL SHORTAGE  
13 AREA.—The term ‘health professional shortage area’  
14 means a health professional shortage area des-  
15 ignated under section 332.

16 “(3) INDIAN TRIBE.—The term ‘Indian Tribe’  
17 has the meaning given such term in section 4 of the  
18 Indian Self-Determination and Education Assistance  
19 Act.

20 “(4) MATERNAL MORTALITY.—The term ‘ma-  
21 ternal mortality’ means a death occurring during or  
22 within 1-year period after pregnancy caused by preg-  
23 nancy-related or childbirth complications, including a  
24 suicide, overdose, or other death resulting from a  
25 mental health or substance use disorder attributed

1 to or aggravated by pregnancy or childbirth com-  
2 plications.

3 “(5) MEDICALLY UNDERSERVED POPU-  
4 LATION.—The term ‘medically underserved popu-  
5 lation’ has the meaning given such term in section  
6 330(b)(3).

7 “(6) POSTPARTUM.—The term ‘postpartum’  
8 means the 1-year period beginning on the last date  
9 of an individual’s pregnancy.

10 “(7) SEVERE MATERNAL MORBIDITY.—The  
11 term ‘severe maternal morbidity’ means a health  
12 condition, including a mental health or substance  
13 use disorder, attributed to or aggravated by preg-  
14 nancy or childbirth that results in significant short-  
15 term or long-term consequences to the health of the  
16 individual who was pregnant.

17 “(8) TECHNOLOGY-ENABLED COLLABORATIVE  
18 LEARNING AND CAPACITY BUILDING MODEL.—The  
19 term ‘technology-enabled collaborative learning and  
20 capacity building model’ means a distance health  
21 education model that connects health care profes-  
22 sionals, and other specialists, through simultaneous  
23 interactive videoconferencing for the purpose of fa-  
24 cilitating case-based learning, disseminating best

1 practices, and evaluating outcomes in the context of  
2 maternal health care.

3 “(9) TRIBAL ORGANIZATION.—The term ‘Tribal  
4 organization’ has the meaning given such term in  
5 section 4 of the Indian Self-Determination and Edu-  
6 cation Assistance Act.

7 “(10) URBAN INDIAN ORGANIZATION.—The  
8 term ‘urban Indian organization’ has the meaning  
9 given such term in section 4 of the Indian Health  
10 Care Improvement Act.”.

11 **SEC. 1703. GRANTS TO PROMOTE EQUITY IN MATERNAL**  
12 **HEALTH OUTCOMES THROUGH DIGITAL**  
13 **TOOLS.**

14 (a) IN GENERAL.—Beginning not later than 1 year  
15 after the date of the enactment of this Act, the Secretary  
16 of Health and Human Services shall make grants to eligi-  
17 ble entities to reduce racial and ethnic disparities in ma-  
18 ternal health outcomes by increasing access to digital tools  
19 related to maternal health care.

20 (b) APPLICATIONS.—To be eligible to receive a grant  
21 under this section, an eligible entity shall submit to the  
22 Secretary an application at such time, in such manner,  
23 and containing such information as the Secretary may re-  
24 quire.



1 (c) PRIORITIZATION.—In awarding grants under this  
2 section, the Secretary shall prioritize an eligible entity—

3 (1) in an area with high rates of adverse mater-  
4 nal health outcomes or significant racial and ethnic  
5 disparities in maternal health outcomes;

6 (2) in a health professional shortage area des-  
7 ignated under section 332 of the Public Health Serv-  
8 ice Act (42 U.S.C. 254e); and

9 (3) that promotes technology that addresses ra-  
10 cial and ethnic disparities in maternal health out-  
11 comes.

12 (d) LIMITATIONS.—

13 (1) NUMBER.—The Secretary may award not  
14 more than 1 grant under this section.

15 (2) DURATION.—A grant awarded under this  
16 section shall be for a 5-year period.

17 (e) TECHNICAL ASSISTANCE.—The Secretary shall  
18 provide technical assistance to an eligible entity on the de-  
19 velopment, use, evaluation, and post-grant sustainability  
20 of digital tools for purposes of promoting equity in mater-  
21 nal health outcomes.

22 (f) REPORTING.—

23 (1) ELIGIBLE ENTITIES.—An eligible entity  
24 that receives a grant under subsection (a) shall sub-  
25 mit to the Secretary a report, at such time, in such

1 manner, and containing such information as the Sec-  
2 retary may require.

3 (2) SECRETARY.—Not later than 4 years after  
4 the date of the enactment of this Act, the Secretary  
5 shall submit to Congress a report that includes—

6 (A) an evaluation on the effectiveness of  
7 grants awarded under this section to improve  
8 health outcomes for pregnant and postpartum  
9 individuals from racial and ethnic minority  
10 groups;

11 (B) recommendations on new grant pro-  
12 grams that promote the use of technology to  
13 improve such maternal health outcomes; and

14 (C) recommendations with respect to—

15 (i) technology-based privacy and secu-  
16 rity safeguards in maternal health care;

17 (ii) reimbursement rates for maternal  
18 telehealth services;

19 (iii) the use of digital tools to analyze  
20 large data sets to identify potential preg-  
21 nancy-related complications;

22 (iv) barriers that prevent maternity  
23 care providers from providing telehealth  
24 services across States;

1 (v) the use of consumer digital tools  
2 such as mobile phone applications, patient  
3 portals, and wearable technologies to im-  
4 prove maternal health outcomes;

5 (vi) barriers that prevent access to  
6 telehealth services, including a lack of ac-  
7 cess to reliable, high-speed internet or elec-  
8 tronic devices;

9 (vii) barriers to data sharing between  
10 the Special Supplemental Nutrition Pro-  
11 gram for Women, Infants, and Children  
12 program and maternity care providers, and  
13 recommendations for addressing such bar-  
14 riers; and

15 (viii) lessons learned from expanded  
16 access to telehealth related to maternity  
17 care during the COVID–19 public health  
18 emergency.

19 (g) AUTHORIZATION OF APPROPRIATIONS.—There is  
20 authorized to be appropriated to carry out this section  
21 \$6,000,000 for each of fiscal years 2023 through 2027.

22 **SEC. 1704. REPORT ON THE USE OF TECHNOLOGY IN MA-**  
23 **TERNITY CARE.**

24 (a) IN GENERAL.—Not later than 60 days after the  
25 date of enactment of this Act, the Secretary of Health and

1 Human Services shall seek to enter an agreement with the  
2 National Academies of Sciences, Engineering, and Medi-  
3 cine (referred to in this title as the “National Academies”)  
4 under which the National Academies shall conduct a study  
5 on the use of technology and patient monitoring devices  
6 in maternity care.

7 (b) CONTENT.—The agreement entered into pursu-  
8 ant to subsection (a) shall provide for the study of the  
9 following:

10 (1) The use of innovative technology (including  
11 artificial intelligence) in maternal health care, in-  
12 cluding the extent to which such technology has af-  
13 fected racial or ethnic biases in maternal health  
14 care.

15 (2) The use of patient monitoring devices (in-  
16 cluding pulse oximeter devices) in maternal health  
17 care, including the extent to which such devices have  
18 affected racial or ethnic biases in maternal health  
19 care.

20 (3) Best practices for reducing and preventing  
21 racial or ethnic biases in the use of innovative tech-  
22 nology and patient monitoring devices in maternity  
23 care.

24 (4) Best practices in the use of innovative tech-  
25 nology and patient monitoring devices for pregnant

1 and postpartum individuals from racial and ethnic  
2 minority groups.

3 (5) Best practices with respect to privacy and  
4 security safeguards in such use.

5 (c) REPORT.—The agreement under subsection (a)  
6 shall direct the National Academies to complete the study  
7 under this section, and transmit to Congress a report on  
8 the results of the study, not later than 24 months after  
9 the date of enactment of this Act.

## 10 **Subtitle I—Impact to Save Moms**

### 11 **SEC. 1801. PERINATAL CARE ALTERNATIVE PAYMENT** 12 **MODEL DEMONSTRATION PROJECT.**

13 (a) IN GENERAL.—For the period of fiscal years  
14 2023 through 2027, the Secretary of Health and Human  
15 Services (referred to in this section as the “Secretary”),  
16 acting through the Administrator of the Centers for Medi-  
17 care & Medicaid Services, shall establish and implement,  
18 in accordance with the requirements of this section, a  
19 demonstration project, to be known as the Perinatal Care  
20 Alternative Payment Model Demonstration Project (re-  
21 ferred to in this section as the “Demonstration Project”),  
22 for purposes of allowing States to test payment models  
23 under their State plans under title XIX of the Social Secu-  
24 rity Act (42 U.S.C. 1396 et seq.) and State child health  
25 plans under title XXI of such Act (42 U.S.C. 1397aa et

1 seq.) with respect to maternity care provided to pregnant  
2 and postpartum individuals enrolled in such State plans  
3 and State child health plans.

4 (b) COORDINATION.—In establishing the Demonstra-  
5 tion Project, the Secretary shall coordinate with stake-  
6 holders such as—

7 (1) State Medicaid programs;

8 (2) maternity care providers and organizations  
9 representing maternity care providers;

10 (3) relevant organizations representing patients,  
11 with a particular focus on patients from racial and  
12 ethnic minority groups;

13 (4) relevant community-based organizations,  
14 particularly organizations that seek to improve ma-  
15 ternal health outcomes for pregnant and postpartum  
16 individuals from racial and ethnic minority groups;

17 (5) perinatal health workers;

18 (6) relevant health insurance issuers;

19 (7) hospitals, health systems, midwifery prac-  
20 tices, freestanding birth centers (as such term is de-  
21 fined in paragraph (3)(B) of section 1905(l) of the  
22 Social Security Act (42 U.S.C. 1396d(l))), Feder-  
23 ally-qualified health centers (as such term is defined  
24 in paragraph (2)(B) of such section), and rural

1 health clinics (as such term is defined in section  
2 1861(aa) of such Act (42 U.S.C. 1395x(aa)));

3 (8) researchers and policy experts in fields re-  
4 lated to maternity care payment models; and

5 (9) any other stakeholders as the Secretary de-  
6 termines appropriate, with a particular focus on  
7 stakeholders from racial and ethnic minority groups.

8 (c) CONSIDERATIONS.—In establishing the Dem-  
9 onstration Project, the Secretary shall consider any alter-  
10 native payment model that—

11 (1) is designed to improve maternal health out-  
12 comes for racial and ethnic groups with dispropor-  
13 tionate rates of adverse maternal health outcomes;

14 (2) includes methods for stratifying patients by  
15 pregnancy risk level and, as appropriate, adjusting  
16 payments under such model to take into account  
17 pregnancy risk level;

18 (3) establishes evidence-based quality metrics  
19 for such payments;

20 (4) includes consideration of non-hospital birth  
21 settings such as freestanding birth centers (as so de-  
22 fined);

23 (5) includes consideration of social deter-  
24 minants of maternal health; or

1           (6) includes diverse maternity care teams that  
2       include—

3           (A) maternity care providers, mental and  
4       behavioral health care providers acting in ac-  
5       cordance with State law, registered dietitians or  
6       nutrition professionals (as such term is defined  
7       in 42 U.S.C. 1395x(vv)(2)), and International  
8       Board Certified Lactation Consultants—

9           (i) from racially, ethnically, and pro-  
10       fessionally diverse backgrounds;

11          (ii) with experience practicing in ra-  
12       cially and ethnically diverse communities;

13       or

14          (iii) who have undergone training on  
15       implicit bias and racism; and

16       (B) perinatal health workers.

17       (d) ELIGIBILITY.—To be eligible to participate in the  
18       Demonstration Project, a State shall submit an applica-  
19       tion to the Secretary at such time, in such manner, and  
20       containing such information as the Secretary may require.

21       (e) EVALUATION.—The Secretary shall conduct an  
22       evaluation of the Demonstration Project to determine the  
23       impact of the Demonstration Project on—

24           (1) maternal health outcomes, with data strati-  
25       fied by race, ethnicity, socioeconomic indicators, and



1 any other factors as the Secretary determines appro-  
2 priate;

3 (2) spending on maternity care by States par-  
4 ticipating in the Demonstration Project;

5 (3) to the extent practicable, qualitative and  
6 quantitative measures of patient experience; and

7 (4) any other areas of assessment that the Sec-  
8 retary determines relevant.

9 (f) REPORT.—Not later than one year after the com-  
10 pletion or termination date of the Demonstration Project,  
11 the Secretary shall submit to the Congress, and make pub-  
12 licly available, a report containing—

13 (1) the results of any evaluation conducted  
14 under subsection (e); and

15 (2) a recommendation regarding whether the  
16 Demonstration Project should be continued after fis-  
17 cal year 2027 and expanded on a national basis.

18 (g) AUTHORIZATION OF APPROPRIATIONS.—There  
19 are authorized to be appropriated such sums as are nec-  
20 essary to carry out this section.

21 (h) DEFINITIONS.—In this section:

22 (1) ALTERNATIVE PAYMENT MODEL.—The  
23 term “alternative payment model” has the meaning  
24 given such term in section 1833(z)(3)(C) of the So-  
25 cial Security Act (42 U.S.C. 1395l(z)(3)(C)).

1           (2) PERINATAL.—The term “perinatal” means  
2       the period beginning on the day an individual be-  
3       comes pregnant and ending on the last day of the  
4       1-year period beginning on the last day of such indi-  
5       vidual’s pregnancy.

6           (3) RACIAL AND ETHNIC MINORITY GROUP.—  
7       The term “racial and ethnic minority group” has the  
8       meaning given such term in section 1707(g)(1) of  
9       the Public Health Service Act (42 U.S.C. 300u–  
10      6(g)(1)).

11 **SEC. 1802. MACPAC REPORT.**

12       Not later than two years after the date of the enact-  
13      ment of this Act, the Medicaid and CHIP Payment and  
14      Access Commission shall publish a report on issues relat-  
15      ing to the continuity of coverage under State plans under  
16      title XIX of the Social Security Act (42 U.S.C. 1396 et  
17      seq.) and State child health plans under title XXI of such  
18      Act (42 U.S.C. 1397aa et seq.) for pregnant and  
19      postpartum individuals. Such report shall, at a minimum,  
20      include the following:

21           (1) An assessment of any existing policies  
22       under such State plans and such State child health  
23       plans regarding presumptive eligibility for pregnant  
24       individuals while their application for enrollment in

1       such a State plan or such a State child health plan  
2       is being processed.

3           (2) An assessment of any existing policies  
4       under such State plans and such State child health  
5       plans regarding measures to ensure continuity of  
6       coverage under such a State plan or such a State  
7       child health plan for pregnant and postpartum indi-  
8       viduals, including such individuals who need to  
9       change their health insurance coverage during their  
10      pregnancy or the postpartum period following their  
11      pregnancy.

12          (3) An assessment of any existing policies  
13      under such State plans and such State child health  
14      plans regarding measures to automatically reenroll  
15      individuals who are eligible to enroll under such a  
16      State plan or such a State child health plan as a  
17      parent.

18          (4) If determined appropriate by the Commis-  
19      sion, any recommendations for the Department of  
20      Health and Human Services, or such State plans  
21      and such State child health plans, to ensure con-  
22      tinuity of coverage under such a State plan or such  
23      a State child health plan for pregnant and  
24      postpartum individuals.

## **Subtitle J—Maternal Health Pandemic Response**

### **SEC. 1901. DEFINITIONS.**

In this subtitle:

(1) COVID–19 PUBLIC HEALTH EMERGENCY.—

The term “COVID–19 public health emergency” means the period—

(A) beginning on the date that the Secretary of Health and Human Services declared a public health emergency under section 319 of the Public Health Service Act (42 U.S.C. 247d), with respect to COVID–19; and

(B) ending on the later of the end of such public health emergency, or January 1, 2023.

(2) RESPECTFUL MATERNITY CARE.—The term “respectful maternity care” refers to care organized for, and provided to, pregnant and postpartum individuals in a manner that—

(A) is culturally congruent;

(B) maintains their dignity, privacy, and confidentiality;

(C) ensures freedom from harm and mistreatment; and

(D) enables informed choice and continuous support.

1           (3) SECRETARY.—The term “Secretary” means  
2           the Secretary of Health and Human Services.

3 **SEC. 1902. FUNDING FOR DATA COLLECTION, SURVEIL-**  
4 **LANCE, AND RESEARCH ON MATERNAL**  
5 **HEALTH OUTCOMES DURING THE COVID-19**  
6 **PUBLIC HEALTH EMERGENCY.**

7           To conduct or support data collection, surveillance,  
8 and research on maternal health as a result of the  
9 COVID-19 public health emergency, including support to  
10 assist in the capacity building for State, Tribal, territorial,  
11 and local public health departments to collect and trans-  
12 mit racial, ethnic, and other demographic data related to  
13 maternal health, there are authorized to be appro-  
14 priated—

15           (1) \$100,000,000 for the Surveillance for  
16 Emerging Threats to Mothers and Babies program  
17 of the Centers for Disease Control and Prevention,  
18 to support the Centers for Disease Control and Pre-  
19 vention in its efforts to—

20           (A) work with public health, clinical, and  
21 community-based organizations to provide time-  
22 ly, continually updated guidance to families and  
23 health care providers on ways to reduce risk to  
24 pregnant and postpartum individuals and their

1 newborns and tailor interventions to improve  
2 their long-term health;

3 (B) partner with more State, Tribal, terri-  
4 torial, and local public health programs in the  
5 collection and analysis of clinical data on the  
6 impact of COVID–19 on pregnant and  
7 postpartum patients and their newborns, par-  
8 ticularly among patients from racial and ethnic  
9 minority groups; and

10 (C) establish regionally based centers of  
11 excellence to offer medical, public health, and  
12 other knowledge to ensure communities, espe-  
13 cially communities with large populations of in-  
14 dividuals from racial and ethnic minority  
15 groups, can help pregnant and postpartum indi-  
16 viduals and newborns get the care and support  
17 they need;

18 (2) \$30,000,000 for the Enhancing Reviews  
19 and Surveillance to Eliminate Maternal Mortality  
20 program (commonly known as the “ERASE MM  
21 program”) of the Centers for Disease Control and  
22 Prevention, to support the Centers for Disease Con-  
23 trol and Prevention in expanding its partnerships  
24 with States and Indian Tribes and provide technical

1 assistance to existing Maternal Mortality Review  
2 Committees;

3 (3) \$45,000,000 for the Pregnancy Risk As-  
4 sessment Monitoring System (commonly known as  
5 the “PRAMS”) of the Centers for Disease Control  
6 and Prevention, to support the Centers for Disease  
7 Control and Prevention in its efforts to—

8 (A) create a COVID–19 supplement to its  
9 PRAMS questionnaire;

10 (B) add questions around experiences of  
11 respectful maternity care in prenatal,  
12 intrapartum, and postpartum care;

13 (C) conduct a rapid assessment of  
14 COVID–19 awareness, impact on care and ex-  
15 periences, and use of preventive measures  
16 among pregnant, laboring and birthing, and  
17 postpartum individuals during the COVID–19  
18 public health emergency; and

19 (D) work to transition the survey to an  
20 electronic platform and expand the survey to a  
21 larger population, with a special focus on reach-  
22 ing underrepresented communities; and

23 (4) \$15,000,000 for the National Institute of  
24 Child Health and Human Development, to conduct  
25 or support research for interventions to mitigate the

1 effects of the COVID–19 public health emergency on  
2 pregnant and postpartum individuals, with a par-  
3 ticular focus on individuals from racial and ethnic  
4 minority groups.

5 **SEC. 1903. COVID–19 MATERNAL HEALTH DATA COLLEC-**  
6 **TION AND DISCLOSURE.**

7 (a) AVAILABILITY OF COLLECTED DATA.—The Sec-  
8 retary, acting through the Director of the Centers for Dis-  
9 ease Control and Prevention and the Administrator of the  
10 Centers for Medicare & Medicaid Services, shall make pub-  
11 licly available on the website of the Centers for Disease  
12 Control and Prevention data described in subsection (b).

13 (b) DATA DESCRIBED.—The data under subsection  
14 (a) means data collected through Federal surveillance sys-  
15 tems under the Centers for Disease Control and Preven-  
16 tion with respect to COVID–19 and individuals who are  
17 pregnant or in a postpartum period. Such data shall in-  
18 clude the following:

19 (1) Diagnostic testing, including the number of  
20 pregnant and postpartum individuals who are tested  
21 for COVID–19 and the number of positive cases.

22 (2) Suspected cases of COVID–19 in pregnant  
23 and birthing individuals and individuals in a  
24 postpartum period.



1           (3) Serologic testing, including the number of  
2           pregnant and postpartum individuals tested and the  
3           number of such serologic tests that were positive.

4           (4) Health care treatment for individuals who  
5           were infected with the virus, including hospitaliza-  
6           tions, emergency room visits, and intensive care unit  
7           admissions.

8           (5) Health outcomes for pregnant individuals  
9           and infants confirmed or suspected of being infected  
10          with the virus, including—

11                (A) the number of fatalities and case fa-  
12                talities (expressed as the proportion of individ-  
13                uals who were infected with the virus to individ-  
14                uals who died from the virus); and

15                (B) the number of stillbirths, infant mor-  
16                tality, pre-term births, infants born with a low-  
17                birth weight, and cesarean section births.

18          (c) INDIAN HEALTH SERVICE.—In carrying out sub-  
19          section (a), the Secretary shall consult with Indian Tribes  
20          and confer with urban Indian organizations.

21          (d) DISAGGREGATED INFORMATION.—In carrying  
22          out subsection (a), the Secretary shall disaggregate data  
23          by race, ethnicity, and location.

1 (e) UPDATE.—During the COVID–19 public health  
2 emergency, the Secretary shall update the data made  
3 available under this section—

4 (1) at least on a monthly basis; and

5 (2) not less than one month after the end of  
6 such public health emergency.

7 (f) PRIVACY.—In carrying out subsection (a), the  
8 Secretary shall take steps to protect the privacy of individ-  
9 uals pursuant to regulations promulgated under section  
10 264(c) of the Health Insurance Portability and Account-  
11 ability Act of 1996 (42 U.S.C. 1320d–2 note).

12 (g) GUIDANCE.—

13 (1) IN GENERAL.—Not later than 30 days after  
14 the date of enactment of this Act, the Secretary  
15 shall issue guidance to States and local public health  
16 departments to ensure that—

17 (A) laboratories that test specimens for  
18 COVID–19 receive all relevant demographic  
19 data on race, ethnicity, pregnancy status, and  
20 other demographic data as determined by the  
21 Secretary; and

22 (B) data described in subsection (b) is  
23 disaggregated by race, ethnicity, and location.

1           (2) CONSULTATION.—In carrying out para-  
2       graph (1), the Secretary shall consult with Indian  
3       Tribes—

4                   (A) to ensure that such guidance includes  
5       Tribally developed best practices; and

6                   (B) to reduce misclassification of American  
7       Indians and Alaska Natives.

8   **SEC. 1904. INCLUSION OF PREGNANT INDIVIDUALS AND**  
9                   **LACTATING INDIVIDUALS IN VACCINE AND**  
10                  **THERAPEUTIC DEVELOPMENT FOR COVID-19.**

11       The Director of the National Institutes of Health  
12       shall when safe and appropriate, support and advance the  
13       inclusion of pregnant and lactating individuals in thera-  
14       peutic and vaccine clinical trials with respect to the treat-  
15       ment or prevention of COVID-19, including prioritizing  
16       recommendations made by the Task Force on Research  
17       Specific to Pregnant Women and Lactating Women estab-  
18       lished under section 2041 of the 21st Century Cures Act  
19       (42 U.S.C. 289a-2 note) with respect to including such  
20       individuals in such clinical trials.

21   **SEC. 1905. PUBLIC HEALTH COMMUNICATION REGARDING**  
22                   **MATERNAL CARE DURING COVID-19.**

23       The Director of the Centers for Disease Control and  
24       Prevention shall conduct a public health education cam-  
25       paign to increase access by pregnant individuals, their em-

1 ployers, and their health care providers to accurate, evi-  
2 dence-based information on COVID–19 and pregnancy  
3 risks, with a particular focus pregnant individuals in un-  
4 derserved communities.

5 **SEC. 1906. TASK FORCE ON BIRTHING EXPERIENCE AND**  
6 **SAFE MATERNITY CARE DURING A PUBLIC**  
7 **HEALTH EMERGENCY.**

8 (a) ESTABLISHMENT.—The Secretary, in consulta-  
9 tion with the Director of the Centers for Disease Control  
10 and Prevention and the Administrator of the Health Re-  
11 sources and Services Administration, shall convene a task  
12 force (in this subsection referred to as the “Task Force”)  
13 to develop recommendations, and make such recommenda-  
14 tions publicly available in multiple languages, on respect-  
15 ful maternity care during the COVID–19 public health  
16 emergency and other public health emergencies, with a  
17 particular focus on outcomes for individuals from racial  
18 and ethnic minority groups and other underserved commu-  
19 nities.

20 (b) CONTENT.—In developing recommendations  
21 under paragraph (1), the Task Force shall address the  
22 following:

23 (1) Measures to facilitate respectful maternity  
24 care.

1           (2) Strategies to increase access to specialized  
2       care for individuals with high-risk pregnancies.

3           (3) COVID–19 diagnostic testing for pregnant  
4       individuals and individuals in labor.

5           (4) The designation of a companion during  
6       birthing.

7           (5) The ability to communicate using an elec-  
8       tronic mobile device during birthing.

9           (6) With respect to an individual who has the  
10      virus that causes COVID–19—

11                (A) separation from a newborn after birth;

12                and

13                (B) ensuring safety while breastfeeding.

14           (7) Licensing, training, and reimbursement for  
15       midwives from racial and ethnic minority groups and  
16       underserved communities.

17           (8) Financial support for perinatal health work-  
18       ers who provide nonclinical support to pregnant indi-  
19       viduals and postpartum individuals from under-  
20       served communities.

21           (9) The identification and treatment of prenatal  
22       and postpartum mental and behavioral health condi-  
23       tions may have developed during or worsened be-  
24       cause of the COVID–19 public health emergency or

1 future public health emergencies, including anxiety,  
2 substance use disorder, and depression.

3 (10) Strategies to address hospital capacity  
4 issues in communities with an increase in COVID–  
5 19 cases, or cases of other infectious diseases.

6 (11) Options for maternal care that reduce  
7 cross-contamination and maintain safety and quality  
8 of care, including auxiliary maternity units and free-  
9 standing birth centers.

10 (12) Methods to identify and address racism,  
11 bias, and discrimination in treatment and support to  
12 pregnant and postpartum individuals, including—

13 (A) evaluating the training of hospital staff  
14 on implicit bias and racism and respectful ma-  
15 ternity care; and

16 (B) the collection of demographic data.

17 (13) Other matters the Task Force determines  
18 appropriate.

19 (c) MEMBERSHIP.—

20 (1) CHAIR.—The Secretary shall select the  
21 chair of the Task Force from among the members  
22 of the Task Force.

23 (2) COMPOSITION.—The Task Force shall be  
24 composed of—

1 (A) representatives of Federal agencies, in-  
2 cluding the agencies listed in paragraph (3);

3 (B) three or more representatives of State,  
4 local, or territorial public health departments  
5 from different areas in the United States that  
6 have a large historically marginalized popu-  
7 lation;

8 (C) one or more representatives of Tribal  
9 public health departments;

10 (D) one or more obstetrician-gynecologists  
11 or other physicians who provide obstetric care,  
12 with consideration for physicians who are from,  
13 or work in, communities experiencing a high  
14 rate of mortality and morbidity from COVID-  
15 19;

16 (E) one or more nurses who provide ob-  
17 stetric care, with consideration for physicians  
18 who are from, or work in, communities experi-  
19 encing a high rate of mortality and morbidity  
20 from COVID-19;

21 (F) one or more perinatal health workers;

22 (G) one or more individuals who were  
23 pregnant or gave birth during the COVID-19  
24 public health emergency;

1 (H) one or more individuals who had the  
2 virus that causes COVID–19 and later gave  
3 birth;

4 (I) one or more individuals who have re-  
5 ceived support from a perinatal health; and

6 (J) three or more independent experts who  
7 are racially and ethnically diverse with knowl-  
8 edge on racial and ethnic disparities in—

9 (i) public health;

10 (ii) maternal health; or

11 (iii) maternal mortality and severe  
12 maternal morbidity.

13 (3) FEDERAL AGENCIES.—The agencies rep-  
14 resented under paragraph (2)(A) shall include the  
15 following:

16 (A) The Department of Health and  
17 Human Services.

18 (B) The Centers for Disease Control and  
19 Prevention.

20 (C) The Centers for Medicare & Medicaid  
21 Services.

22 (D) The Health Resources and Services  
23 Administration.

24 (E) The Indian Health Service.

25 (F) The National Institutes of Health.



1 **SEC. 1907. GAO REPORT ON MATERNAL HEALTH AND PUB-**  
2 **LIC HEALTH EMERGENCY PREPAREDNESS.**

3 (a) IN GENERAL.—Not later than one year after the  
4 date of the enactment of this Act, the Comptroller General  
5 of the United States shall submit to Congress a report  
6 on maternal health and public health emergency prepared-  
7 ness. Such report shall include the information and rec-  
8 ommendations described in subsection (b).

9 (b) CONTENT OF REPORT.—The report under sub-  
10 section (b) shall include the following:

11 (1) A review of prenatal, labor and delivery,  
12 and postpartum experiences of individuals during  
13 such public health emergency, including—

14 (A) barriers to accessing pregnancy, birth,  
15 and postpartum care during a pandemic;

16 (B) public and private insurance coverage  
17 with respect to maternal health care, including  
18 telehealth services;

19 (C) to the extent practicable, maternal and  
20 infant health outcomes by race and ethnicity  
21 (including quality of care, mortality, morbidity,  
22 cesarean section rates, preterm birth, preva-  
23 lence of prenatal and postpartum mental health  
24 conditions and substance use disorders);

1 (D) with respect to such health outcomes,  
2 the impact of Federal and State policy changes  
3 during such public health emergency;

4 (E) contributing factors to population-  
5 based disparities in health outcomes, including  
6 bias and discrimination toward individuals from  
7 racial and ethnic minority groups; and

8 (F) the effect of increased unemployment,  
9 paid family leave, changes in health care cov-  
10 erage, and other social determinants of health  
11 for pregnant and postpartum individuals during  
12 the public health emergency.

13 (2) Recommendations on improving the public  
14 health emergency response and preparedness efforts  
15 of the Federal Government with respect to maternal  
16 health, with a focus on outcomes for pregnant and  
17 postpartum individuals from racial and ethnic mi-  
18 nority groups, including—

19 (A) improving research, surveillance, and  
20 data collection with respect to maternal health;

21 (B) factoring maternal health outcomes  
22 and disparities into decisions regarding dis-  
23 tribution of resources;

24 (C) improving the distribution of public  
25 health funds, data, and information to Indian

1 Tribes and Tribal organizations with regard to  
2 maternal health during a public health emer-  
3 gency; and

4 (D) improving communications during a  
5 public health emergency with—

6 (i) maternity care providers;

7 (ii) maternal mental and behavioral  
8 health care providers;

9 (iii) researchers who specialize in ma-  
10 ternal health, maternal mortality, or severe  
11 maternal morbidity;

12 (iv) individuals who experienced preg-  
13 nancy or childbirth during the COVID-19  
14 public health emergency;

15 (v) representatives from community-  
16 based organizations that address maternal  
17 health; and

18 (vi) perinatal health workers.

19 **Subtitle K—Protecting Moms and**  
20 **Babies Against Climate Change**

21 **SEC. 1911. DEFINITIONS.**

22 In this subtitle, the following definitions apply:

23 (1) ADVERSE MATERNAL AND INFANT HEALTH  
24 OUTCOMES.—The term “adverse maternal and in-  
25 fant health outcomes” includes the outcomes of

1 preterm birth, low birth weight, stillbirth, infant or  
2 maternal mortality, and severe maternal morbidity.

3 (2) INSTITUTION OF HIGHER EDUCATION.—The  
4 term “institution of higher education” has the  
5 meaning given such term in section 101 of the High-  
6 er Education Act of 1965 (20 U.S.C. 1001).

7 (3) MINORITY-SERVING INSTITUTION.—The  
8 term “minority-serving institution” means an entity  
9 specified in any of paragraphs (1) through (7) of  
10 section 371(a) of the Higher Education Act of 1965  
11 (20 U.S.C. 1067q(a)).

12 (4) RACIAL AND ETHNIC MINORITY GROUP.—  
13 The term “racial and ethnic minority group” has the  
14 meaning given such term in section 1707(g) of the  
15 Public Health Service Act (42 U.S.C. 300u–6(g)).

16 (5) RISKS ASSOCIATED WITH CLIMATE  
17 CHANGE.—The term “risks associated with climate  
18 change” includes risks associated with extreme heat,  
19 air pollution, extreme weather events, and other en-  
20 vironmental issues associated with climate change  
21 that can result in adverse maternal and infant  
22 health outcomes.

23 (6) STAKEHOLDER ORGANIZATION.—The term  
24 “stakeholder organization” means—

1 (A) a community-based organization with  
2 expertise in providing assistance to vulnerable  
3 individuals;

4 (B) a nonprofit organization with expertise  
5 in maternal or infant health or environmental  
6 justice; and

7 (C) a patient advocacy organization rep-  
8 resenting vulnerable individuals.

9 (7) VULNERABLE INDIVIDUAL.—The term “vul-  
10 nerable individual” means—

11 (A) an individual who is pregnant;

12 (B) an individual who was pregnant during  
13 any portion of the preceding 1-year period; and

14 (C) an individual under 3 years of age.

15 **SEC. 1912. GRANT PROGRAM TO PROTECT VULNERABLE**  
16 **MOTHERS AND BABIES FROM CLIMATE**  
17 **CHANGE RISKS.**

18 (a) IN GENERAL.—Not later than 180 days after the  
19 date of the enactment of this Act, the Secretary of Health  
20 and Human Services shall establish a grant program (in  
21 this section referred to as the “Program”) to protect vul-  
22 nerable individuals from risks associated with climate  
23 change.

1 (b) GRANT AUTHORITY.—In carrying out the Pro-  
2 gram, the Secretary may award, on a competitive basis,  
3 grants to 10 covered entities.

4 (c) APPLICATIONS.—To be eligible for a grant under  
5 the Program, a covered entity shall submit to the Sec-  
6 retary an application at such time, in such form, and con-  
7 taining such information as the Secretary may require,  
8 which shall include, at a minimum, a description of the  
9 following:

10 (1) Plans for the use of grant funds awarded  
11 under the Program and how patients and stake-  
12 holder organizations were involved in the develop-  
13 ment of such plans.

14 (2) How such grant funds will be targeted to  
15 geographic areas that have disproportionately high  
16 levels of risks associated with climate change for vul-  
17 nerable individuals.

18 (3) How such grant funds will be used to ad-  
19 dress racial and ethnic disparities in—

20 (A) adverse maternal and infant health  
21 outcomes; and

22 (B) exposure to risks associated with cli-  
23 mate change for vulnerable individuals.

24 (4) Strategies to prevent an initiative assisted  
25 with such grant funds from causing—

- 1 (A) adverse environmental impacts;
- 2 (B) displacement of residents and busi-
- 3 nesses;
- 4 (C) rent and housing price increases; or
- 5 (D) disproportionate adverse impacts on
- 6 racial and ethnic minority groups and other un-
- 7 derserved populations.

8 (d) SELECTION OF GRANT RECIPIENTS.—

9 (1) TIMING.—Not later than 270 days after the  
10 date of the enactment of this Act, the Secretary  
11 shall select the recipients of grants under the Pro-  
12 gram.

13 (2) CONSULTATION.—In selecting covered enti-  
14 ties for grants under the Program, the Secretary  
15 shall consult with—

16 (A) representatives of stakeholder organi-  
17 zations;

18 (B) the Administrator of the Environ-  
19 mental Protection Agency;

20 (C) the Administrator of the National Oce-  
21 anic and Atmospheric Administration; and

22 (D) from the Department of Health and  
23 Human Services—

24 (i) the Deputy Assistant Secretary for  
25 Minority Health;

- 1 (ii) the Administrator of the Centers
- 2 for Medicare & Medicaid Services;
- 3 (iii) the Administrator of the Health
- 4 Resources and Services Administration;
- 5 (iv) the Director of the National Insti-
- 6 tutes of Health; and
- 7 (v) the Director of the Centers for
- 8 Disease Control and Prevention.

9 (3) PRIORITY.—In selecting a covered entity to  
10 be awarded a grant under the Program, the Sec-  
11 retary shall give priority to covered entities that  
12 serve a county—

13 (A) designated, or located in an area des-  
14 ignated, as a nonattainment area pursuant to  
15 section 107 of the Clean Air Act (42 U.S.C.  
16 7407) for any air pollutant for which air quality  
17 criteria have been issued under section 108(a)  
18 of such Act (42 U.S.C. 7408(a));

19 (B) with a level of vulnerability of mod-  
20 erate-to-high or higher, according to the Social  
21 Vulnerability Index of the Centers for Disease  
22 Control and Prevention; or

23 (C) with temperatures that pose a risk to  
24 human health, as determined by the Secretary,  
25 in consultation with the Administrator of the



1 National Oceanic and Atmospheric Administra-  
2 tion and the Chair of the United States Global  
3 Change Research Program, based on the best  
4 available science.

5 (4) LIMITATION.—A recipient of grant funds  
6 under the Program may not use such grant funds to  
7 serve a county that is served by any other recipient  
8 of a grant under the Program.

9 (e) USE OF FUNDS.—A covered entity awarded grant  
10 funds under the Program may only use such grant funds  
11 for the following:

12 (1) Initiatives to identify risks associated with  
13 climate change for vulnerable individuals and to pro-  
14 vide services and support to such individuals that  
15 address such risks, which may include—

16 (A) training for health care providers,  
17 doulas, and other employees in hospitals, birth  
18 centers, midwifery practices, and other health  
19 care practices that provide prenatal or labor  
20 and delivery services to vulnerable individuals  
21 on the identification of, and patient counseling  
22 relating to, risks associated with climate change  
23 for vulnerable individuals;

24 (B) hiring, training, or providing resources  
25 to community health workers and perinatal

1 health workers who can help identify risks asso-  
2 ciated with climate change for vulnerable indi-  
3 viduals, provide patient counseling about such  
4 risks, and carry out the distribution of relevant  
5 services and support;

6 (C) enhancing the monitoring of risks as-  
7 sociated with climate change for vulnerable in-  
8 dividuals, including by—

9 (i) collecting data on such risks in  
10 specific census tracts, neighborhoods, or  
11 other geographic areas; and

12 (ii) sharing such data with local  
13 health care providers, doulas, and other  
14 employees in hospitals, birth centers, mid-  
15 wifery practices, and other health care  
16 practices that provide prenatal or labor  
17 and delivery services to local vulnerable in-  
18 dividuals; and

19 (D) providing vulnerable individuals—

20 (i) air conditioning units, residential  
21 weatherization support, filtration systems,  
22 household appliances, or related items;

23 (ii) direct financial assistance; and

24 (iii) services and support, including  
25 housing and transportation assistance, to

1           prepare for or recover from extreme weath-  
2           er events, which may include floods, hurri-  
3           canes, wildfires, droughts, and related  
4           events.

5           (2) Initiatives to mitigate levels of and exposure  
6           to risks associated with climate change for vulner-  
7           able individuals, which shall be based on the best  
8           available science and which may include initiatives  
9           to—

10                 (A) develop, maintain, or expand urban or  
11                 community forestry initiatives and tree canopy  
12                 coverage initiatives;

13                 (B) improve infrastructure, including  
14                 buildings and paved surfaces;

15                 (C) develop or improve community out-  
16                 reach networks to provide culturally and lin-  
17                 guistically appropriate information and notifica-  
18                 tions about risks associated with climate change  
19                 for vulnerable individuals; and

20                 (D) provide enhanced services to racial and  
21                 ethnic minority groups and other underserved  
22                 populations.

23           (f) LENGTH OF AWARD.—A grant under this section  
24           shall be disbursed over 4 fiscal years.

1 (g) TECHNICAL ASSISTANCE.—The Secretary shall  
2 provide technical assistance to a covered entity awarded  
3 a grant under the Program to support the development,  
4 implementation, and evaluation of activities funded with  
5 such grant.

6 (h) REPORTS TO SECRETARY.—

7 (1) ANNUAL REPORT.—For each fiscal year  
8 during which a covered entity is disbursed grant  
9 funds under the Program, such covered entity shall  
10 submit to the Secretary a report that summarizes  
11 the activities carried out by such covered entity with  
12 such grant funds during such fiscal year, which shall  
13 include a description of the following:

14 (A) The involvement of stakeholder organi-  
15 zations in the implementation of initiatives as-  
16 sisted with such grant funds.

17 (B) Relevant health and environmental  
18 data, disaggregated, to the extent practicable,  
19 by race, ethnicity, gender, and pregnancy sta-  
20 tus.

21 (C) Qualitative feedback received from vul-  
22 nerable individuals with respect to initiatives  
23 assisted with such grant funds.

24 (D) Criteria used in selecting the geo-  
25 graphic areas assisted with such grant funds.

1           (E) Efforts to address racial and ethnic  
2           disparities in adverse maternal and infant  
3           health outcomes and in exposure to risks associ-  
4           ated with climate change for vulnerable individ-  
5           uals.

6           (F) Any negative and unintended impacts  
7           of initiatives assisted with such grant funds, in-  
8           cluding—

9                   (i) adverse environmental impacts;

10                   (ii) displacement of residents and  
11           businesses;

12                   (iii) rent and housing price increases;

13           and

14                   (iv) disproportionate adverse impacts  
15           on racial and ethnic minority groups and  
16           other underserved populations.

17           (G) How the covered entity will address  
18           and prevent any impacts described in subpara-  
19           graph (F).

20           (2) PUBLICATION.—Not later than 30 days  
21           after the date on which a report is submitted under  
22           paragraph (1), the Secretary shall publish such re-  
23           port on a public website of the Department of  
24           Health and Human Services.

1       (i) REPORT TO CONGRESS.—Not later than the date  
2 that is 5 years after the date on which the Program is  
3 established, the Secretary shall submit to Congress and  
4 publish on a public website of the Department of Health  
5 and Human Services a report on the results of the Pro-  
6 gram, including the following:

7           (1) Summaries of the annual reports submitted  
8 under subsection (h).

9           (2) Evaluations of the initiatives assisted with  
10 grant funds under the Program.

11          (3) An assessment of the effectiveness of the  
12 Program in—

13           (A) identifying risks associated with cli-  
14 mate change for vulnerable individuals;

15           (B) providing services and support to such  
16 individuals;

17           (C) mitigating levels of and exposure to  
18 such risks; and

19           (D) addressing racial and ethnic disparities  
20 in adverse maternal and infant health outcomes  
21 and in exposure to such risks.

22          (4) A description of how the Program could be  
23 expanded, including—

24           (A) monitoring efforts or data collection  
25 that would be required to identify areas with

1 high levels of risks associated with climate  
2 change for vulnerable individuals;

3 (B) how such areas could be identified  
4 using the strategy developed under section  
5 1915; and

6 (C) recommendations for additional fund-  
7 ing.

8 (j) COVERED ENTITY DEFINED.—In this section, the  
9 term “covered entity” means a consortium of organiza-  
10 tions serving a county that—

11 (1) shall include a community-based organiza-  
12 tion; and

13 (2) may include—

14 (A) another stakeholder organization;

15 (B) the government of such county;

16 (C) the governments of one or more mu-  
17 nicipalities within such county;

18 (D) a State or local public health depart-  
19 ment or emergency management agency;

20 (E) a local health care practice, which may  
21 include a licensed and accredited hospital, birth  
22 center, midwifery practice, or other health care  
23 practice that provides prenatal or labor and de-  
24 livery services to vulnerable individuals;

1 (F) an Indian tribe or tribal organization  
2 (as such terms are defined in section 4 of the  
3 Indian Self-Determination and Education As-  
4 sistance Act (25 U.S.C. 5304));

5 (G) an Urban Indian organization (as de-  
6 fined in section 4 of the Indian Health Care  
7 Improvement Act (25 U.S.C. 1603)); and

8 (H) an institution of higher education.

9 (k) AUTHORIZATION OF APPROPRIATIONS.—There is  
10 authorized to be appropriated to carry out this section  
11 \$100,000,000 for the period of fiscal years 2023 through  
12 2026.

13 **SEC. 1913. GRANT PROGRAM FOR EDUCATION AND TRAIN-**  
14 **ING AT HEALTH PROFESSION SCHOOLS.**

15 (a) IN GENERAL.—Not later than 1 year after the  
16 date of the enactment of this Act, the Secretary of Health  
17 and Human Services shall establish a grant program (in  
18 this section referred to as the “Program”) to provide  
19 funds to health profession schools to support the develop-  
20 ment and integration of education and training programs  
21 for identifying and addressing risks associated with cli-  
22 mate change for vulnerable individuals.

23 (b) GRANT AUTHORITY.—In carrying out the Pro-  
24 gram, the Secretary may award, on a competitive basis,  
25 grants to health profession schools.



1       (c) APPLICATION.—To be eligible for a grant under  
2 the Program, a health profession school shall submit to  
3 the Secretary an application at such time, in such form,  
4 and containing such information as the Secretary may re-  
5 quire, which shall include, at a minimum, a description  
6 of the following:

7           (1) How such health profession school will en-  
8       engage with vulnerable individuals, and stakeholder or-  
9       ganizations representing such individuals, in devel-  
10      oping and implementing the education and training  
11      programs supported by grant funds awarded under  
12      the Program.

13          (2) How such health profession school will en-  
14      sure that such education and training programs will  
15      address racial and ethnic disparities in exposure to,  
16      and the effects of, risks associated with climate  
17      change for vulnerable individuals.

18       (d) USE OF FUNDS.—A health profession school  
19 awarded a grant under the Program shall use the grant  
20 funds to develop, and integrate into the curriculum and  
21 continuing education of such health profession school, edu-  
22 cation and training on each of the following:

23           (1) Identifying risks associated with climate  
24      change for vulnerable individuals and individuals  
25      with the intent to become pregnant.

1           (2) How risks associated with climate change  
2       affect vulnerable individuals and individuals with the  
3       intent to become pregnant.

4           (3) Racial and ethnic disparities in exposure to,  
5       and the effects of, risks associated with climate  
6       change for vulnerable individuals and individuals  
7       with the intent to become pregnant.

8           (4) Patient counseling and mitigation strategies  
9       relating to risks associated with climate change for  
10      vulnerable individuals.

11          (5) Relevant services and support for vulnerable  
12      individuals relating to risks associated with climate  
13      change and strategies for ensuring vulnerable indi-  
14      viduals have access to such services and support.

15          (6) Implicit and explicit bias, racism, and dis-  
16      crimination.

17          (7) Related topics identified by such health pro-  
18      fession school based on the engagement of such  
19      health profession school with vulnerable individuals  
20      and stakeholder organizations representing such in-  
21      dividuals.

22      (e) PARTNERSHIPS.—In carrying out activities with  
23      grant funds, a health profession school awarded a grant  
24      under the Program may partner with one or more of the  
25      following:

1 (1) A State or local public health department.

2 (2) A health care professional membership or-  
3 ganization.

4 (3) A stakeholder organization.

5 (4) A health profession school.

6 (5) An institution of higher education.

7 (f) REPORTS TO SECRETARY.—

8 (1) ANNUAL REPORT.—For each fiscal year  
9 during which a health profession school is disbursed  
10 grant funds under the Program, such health profes-  
11 sion school shall submit to the Secretary a report  
12 that describes the activities carried out with such  
13 grant funds during such fiscal year.

14 (2) FINAL REPORT.—Not later than the date  
15 that is 1 year after the end of the last fiscal year  
16 during which a health profession school is disbursed  
17 grant funds under the Program, the health profes-  
18 sion school shall submit to the Secretary a final re-  
19 port that summarizes the activities carried out with  
20 such grant funds.

21 (g) REPORT TO CONGRESS.—Not later than the date  
22 that is 6 years after the date on which the Program is  
23 established, the Secretary shall submit to Congress and  
24 publish on a public website of the Department of Health  
25 and Human Services a report that includes the following:

1 (1) A summary of the reports submitted under  
2 subsection (f).

3 (2) Recommendations to improve education and  
4 training programs at health profession schools with  
5 respect to identifying and addressing risks associ-  
6 ated with climate change for vulnerable individuals.

7 (h) HEALTH PROFESSION SCHOOL DEFINED.—In  
8 this section, the term “health profession school” means  
9 an accredited—

- 10 (1) medical school;
- 11 (2) school of nursing;
- 12 (3) midwifery program;
- 13 (4) physician assistant education program;
- 14 (5) teaching hospital;
- 15 (6) residency or fellowship program; or
- 16 (7) other school or program determined appro-  
17 priate by the Secretary.

18 (i) AUTHORIZATION OF APPROPRIATIONS.—There is  
19 authorized to be appropriated to carry out this section  
20 \$5,000,000 for the period of fiscal years 2023 through  
21 2026.

22 **SEC. 1914. NIH CONSORTIUM ON BIRTH AND CLIMATE**  
23 **CHANGE RESEARCH.**

24 (a) ESTABLISHMENT.—Not later than one year after  
25 the date of the enactment of this Act, the Director of the

1 National Institutes of Health shall establish the Consor-  
2 tium on Birth and Climate Change Research (in this sec-  
3 tion referred to as the “Consortium”).

4 (b) DUTIES.—

5 (1) IN GENERAL.—The Consortium shall co-  
6 ordinate, across the institutes, centers, and offices of  
7 the National Institutes of Health, research on the  
8 risks associated with climate change for vulnerable  
9 individuals.

10 (2) REQUIRED ACTIVITIES.—In carrying out  
11 paragraph (1), the Consortium shall—

12 (A) establish research priorities, including  
13 by prioritizing research that—

14 (i) identifies the risks associated with  
15 climate change for vulnerable individuals  
16 with a particular focus on disparities in  
17 such risks among racial and ethnic minor-  
18 ity groups and other underserved popu-  
19 lations; and

20 (ii) identifies strategies to reduce lev-  
21 els of, and exposure to, such risks, with a  
22 particular focus on risks among racial and  
23 ethnic minority groups and other under-  
24 served populations;

1 (B) identify gaps in available data related  
2 to such risks;

3 (C) identify gaps in, and opportunities for,  
4 research collaborations;

5 (D) identify funding opportunities for com-  
6 munity-based organizations and researchers  
7 from racially, ethnically, and geographically di-  
8 verse backgrounds; and

9 (E) publish annual reports on the work  
10 and findings of the Consortium on a public  
11 website of the National Institutes of Health.

12 (c) MEMBERSHIP.—The Director shall appoint to the  
13 Consortium representatives of such institutes, centers, and  
14 offices of the National Institutes of Health as the Director  
15 considers appropriate, including, at a minimum, rep-  
16 resentatives of—

17 (1) the National Institute of Environmental  
18 Health Sciences;

19 (2) the National Institute on Minority Health  
20 and Health Disparities;

21 (3) the Eunice Kennedy Shriver National Insti-  
22 tute of Child Health and Human Development;

23 (4) the National Institute of Nursing Research;  
24 and

25 (5) the Office of Research on Women’s Health.

1 (d) CHAIRPERSON.—The Chairperson of the Consor-  
2 tium shall be designated by the Director and selected from  
3 among the representatives appointed under subsection (c).

4 (e) CONSULTATION.—In carrying out the duties de-  
5 scribed in subsection (b), the Consortium shall consult  
6 with—

7 (1) the heads of relevant Federal agencies, in-  
8 cluding—

9 (A) the Environmental Protection Agency;

10 (B) the National Oceanic and Atmospheric  
11 Administration;

12 (C) the Occupational Safety and Health  
13 Administration; and

14 (D) from the Department of Health and  
15 Human Services—

16 (i) the Office of Minority Health in  
17 the Office of the Secretary;

18 (ii) the Centers for Medicare & Med-  
19 icaid Services;

20 (iii) the Health Resources and Serv-  
21 ices Administration;

22 (iv) the Centers for Disease Control  
23 and Prevention;

24 (v) the Indian Health Service; and

- 1 (vi) the Administration for Children  
2 and Families; and  
3 (2) representatives of—  
4 (A) stakeholder organizations;  
5 (B) health care providers and professional  
6 membership organizations with expertise in ma-  
7 ternal health or environmental justice;  
8 (C) State and local public health depart-  
9 ments;  
10 (D) licensed and accredited hospitals, birth  
11 centers, midwifery practices, or other health  
12 care practices that provide prenatal or labor  
13 and delivery services to vulnerable individuals;  
14 and  
15 (E) institutions of higher education, in-  
16 cluding such institutions that are minority-serv-  
17 ing institutions or have expertise in maternal  
18 health or environmental justice.

19 **SEC. 1915. STRATEGY FOR IDENTIFYING CLIMATE CHANGE**  
20 **RISK ZONES FOR VULNERABLE MOTHERS**  
21 **AND BABIES.**

22 (a) IN GENERAL.—The Secretary of Health and  
23 Human Services, acting through the Director of the Cen-  
24 ters for Disease Control and Prevention, shall develop a  
25 strategy (in this section referred to as the “Strategy”) for



1 designating areas that the Secretary determines to have  
2 a high risk of adverse maternal and infant health out-  
3 comes among vulnerable individuals as a result of risks  
4 associated with climate change.

5 (b) STRATEGY REQUIREMENTS.—

6 (1) IN GENERAL.—In developing the Strategy,  
7 the Secretary shall establish a process to identify  
8 areas where vulnerable individuals are exposed to a  
9 high risk of adverse maternal and infant health out-  
10 comes as a result of risks associated with climate  
11 change in conjunction with other factors that can  
12 impact such health outcomes, including—

13 (A) the incidence of diseases associated  
14 with air pollution, extreme heat, and other envi-  
15 ronmental factors;

16 (B) the availability and accessibility of ma-  
17 ternal and infant health care providers;

18 (C) English-language proficiency among  
19 women of reproductive age;

20 (D) the health insurance status of women  
21 of reproductive age;

22 (E) the number of women of reproductive  
23 age who are members of racial or ethnic groups  
24 with disproportionately high rates of adverse  
25 maternal and infant health outcomes;

1 (F) the socioeconomic status of women of  
2 reproductive age, including with respect to—

3 (i) poverty;

4 (ii) unemployment;

5 (iii) household income; and

6 (iv) educational attainment; and

7 (G) access to quality housing, transpor-  
8 tation, and nutrition.

9 (2) RESOURCES.—In developing the Strategy,  
10 the Secretary shall identify, and incorporate a de-  
11 scription of, the following:

12 (A) Existing mapping tools or Federal pro-  
13 grams that identify—

14 (i) risks associated with climate  
15 change for vulnerable individuals; and

16 (ii) other factors that can influence  
17 maternal and infant health outcomes, in-  
18 cluding the factors described in paragraph  
19 (1).

20 (B) Environmental, health, socioeconomic,  
21 and demographic data relevant to identifying  
22 risks associated with climate change for vulner-  
23 able individuals.

1           (C) Existing monitoring networks that col-  
2           lect data described in subparagraph (B), and  
3           any gaps in such networks.

4           (D) Federal, State, and local stakeholders  
5           involved in maintaining monitoring networks  
6           identified under subparagraph (C), and how  
7           such stakeholders are coordinating their moni-  
8           toring efforts.

9           (E) Additional monitoring networks, and  
10          enhancements to existing monitoring networks,  
11          that would be required to address gaps identi-  
12          fied under subparagraph (C), including at the  
13          subcounty and census tract level.

14          (F) Funding amounts required to establish  
15          the monitoring networks identified under sub-  
16          paragraph (E) and recommendations for Fed-  
17          eral, State, and local coordination with respect  
18          to such networks.

19          (G) Potential uses for data collected and  
20          generated as a result of the Strategy, including  
21          how such data may be used in determining re-  
22          cipients of grants under the program estab-  
23          lished by section 1912 or other similar pro-  
24          grams.

1 (H) Other information the Secretary con-  
2 siders relevant for the development of the Strat-  
3 egy.

4 (c) COORDINATION AND CONSULTATION.—In devel-  
5 oping the Strategy, the Secretary shall—

6 (1) coordinate with the Administrator of the  
7 Environmental Protection Agency and the Adminis-  
8 trator of the National Oceanic and Atmospheric Ad-  
9 ministration; and

10 (2) consult with—

11 (A) stakeholder organizations;

12 (B) health care providers and professional  
13 membership organizations with expertise in ma-  
14 ternal health or environmental justice;

15 (C) State and local public health depart-  
16 ments;

17 (D) licensed and accredited hospitals, birth  
18 centers, midwifery practices, or other health  
19 care providers that provide prenatal or labor  
20 and delivery services to vulnerable individuals;  
21 and

22 (E) institutions of higher education, in-  
23 cluding such institutions that are minority-serv-  
24 ing institutions or have expertise in maternal  
25 health or environmental justice.

1 (d) NOTICE AND COMMENT.—At least 240 days be-  
 2 fore the date on which the Strategy is published in accord-  
 3 ance with subsection (e), the Secretary shall provide—

4 (1) notice of the Strategy on a public website  
 5 of the Department of Health and Human Services;  
 6 and

7 (2) an opportunity for public comment of at  
 8 least 90 days.

9 (e) PUBLICATION.—Not later than 18 months after  
 10 the date of the enactment of this Act, the Secretary shall  
 11 publish on a public website of the Department of Health  
 12 and Human Services—

13 (1) the Strategy;

14 (2) the public comments received under sub-  
 15 section (d); and

16 (3) the responses of the Secretary to such pub-  
 17 lic comments.

## 18 **Subtitle L—Maternal Vaccinations**

### 19 **SEC. 1921. MATERNAL VACCINATION AWARENESS AND EQ-** 20 **UITY CAMPAIGN.**

21 (a) IN GENERAL.—The Secretary of Health and  
 22 Human Services (in this section referred to as the “Sec-  
 23 retary”), acting through the Director of the Centers for  
 24 Disease Control and Prevention, shall carry out a national  
 25 campaign to—

1           (1) increase awareness of the importance of ma-  
2           ternal vaccinations for the health of pregnant and  
3           postpartum individuals and their children; and

4           (2) increase maternal vaccination rates, with a  
5           focus on communities with historically high rates of  
6           unvaccinated individuals.

7           (b) CONSULTATION.—In carrying out the campaign  
8           under this subtitle, the Secretary shall consult with rel-  
9           evant community-based organizations, health care profes-  
10          sional associations and public health associations, State  
11          public health departments and local public health depart-  
12          ments, Tribal-serving organizations, nonprofit organiza-  
13          tions, and nationally recognized private entities.

14          (c) ACTIVITIES.—The campaign under this section  
15          shall—

16               (1) focus on increasing maternal vaccination  
17               rates in communities with historically high rates of  
18               unvaccinated individuals, including for pregnant and  
19               postpartum individuals from racial and ethnic mi-  
20               nority groups;

21               (2) include efforts to engage with pregnant and  
22               postpartum individuals in communities with histori-  
23               cally high rates of unvaccinated individuals to seek  
24               input on the development and effectiveness of the  
25               campaign;

1           (3) provide evidence-based, culturally congruent  
2       resources and communications efforts; and

3           (4) be carried out in partnership with trusted  
4       individuals and entities in communities with histori-  
5       cally high rates of unvaccinated individuals, includ-  
6       ing community-based organizations, community  
7       health centers, perinatal health workers, and mater-  
8       nity care providers.

9       (d) COLLABORATION.—The Secretary shall ensure  
10   that the information and resources developed for the cam-  
11   paign under this section are made publicly available and  
12   shared with relevant Federal, State, and local entities.

13       (e) EVALUATION.—Not later than the end of fiscal  
14   year 2026, the Secretary shall—

15           (1) establish quantitative and qualitative  
16       metrics to evaluate the campaign under this section;  
17       and

18           (2) submit a report detailing the campaign’s  
19       impact to the Congress.

20       (f) AUTHORIZATION OF APPROPRIATIONS.—To carry  
21   out this section, there is authorized to be appropriated  
22   \$2,000,000 for each of fiscal years 2023 through 2027.

1 **TITLE II—CHILDREN’S HEALTH**  
2 **INSURANCE PROGRAM PER-**  
3 **MANENCY**

4 **SEC. 2001. PERMANENT EXTENSION OF CHILDREN’S**  
5 **HEALTH INSURANCE PROGRAM.**

6 (a) IN GENERAL.—Section 2104(a)(28) of the Social  
7 Security Act (42 U.S.C. 1397dd(a)(28)) is amended to  
8 read as follows:

9 “(28) for fiscal year 2027 and each subsequent  
10 year, such sums as are necessary to fund allotments  
11 to States under subsections (c) and (m).”.

12 (b) ALLOTMENTS.—

13 (1) IN GENERAL.—Section 2104(m) of the So-  
14 cial Security Act (42 U.S.C. 1397dd(m)) is amend-  
15 ed—

16 (A) in paragraph (2)(B)(i), by striking “,,  
17 2023, and 2027” and inserting “and 2023”;

18 (B) in paragraph (5)—

19 (i) by striking “for a fiscal year” and  
20 inserting “for a fiscal year before 2027”;  
21 and

22 (ii) by striking “2023, or 2027” and  
23 inserting “or 2023”;

24 (C) in paragraph (7)—



1 (i) in subparagraph (A), by striking  
2 “and ending with fiscal year 2027,”; and

3 (ii) in the flush left matter at the end,  
4 by striking “or fiscal year 2026” and in-  
5 serting “fiscal year 2026, or a subsequent  
6 even-numbered fiscal year”;

7 (D) in paragraph (9)—

8 (i) by striking “(10), or (11)” and in-  
9 serting “or (10)”;

10 (ii) by striking “2023, or 2027,” and  
11 inserting “or 2023”;

12 (E) by striking paragraph (11).

13 (2) CONFORMING AMENDMENT.—Section  
14 50101(b)(2) of the Bipartisan Budget Act of 2018  
15 (Public Law 115–123) is repealed.

16 **SEC. 2002. PERMANENT EXTENSIONS OF OTHER PROGRAMS**  
17 **AND DEMONSTRATION PROJECTS.**

18 (a) PEDIATRIC QUALITY MEASURES PROGRAM.—  
19 Section 1139A(i)(1) of the Social Security Act (42 U.S.C.  
20 1320b–9a(i)(1)) is amended—

21 (1) in subparagraph (C), by striking at the end  
22 “and”;

23 (2) in subparagraph (D), by striking the period  
24 at the end and insert a semicolon; and

1           (3) by adding at the end the following new sub-  
2       paragraphs:

3                   “(E) for fiscal year 2028, \$15,000,000 for  
4       the purpose of carrying out this section (other  
5       than subsections (e), (f), and (g)); and

6                   “(F) for a subsequent fiscal year, the  
7       amount appropriated under this paragraph for  
8       the previous fiscal year, increased by the per-  
9       centage increase in the consumer price index for  
10      all urban consumers (all items; United States  
11      city average) over such previous fiscal year, for  
12      the purpose of carrying out this section (other  
13      than subsections (e), (f), and (g)).”.

14      (b) EXPRESS LANE ELIGIBILITY OPTION.—Section  
15      1902(e)(13) of the Social Security Act (42 U.S.C.  
16      1396a(e)(13)) is amended by striking subparagraph (I).

17      (c) ASSURANCE OF AFFORDABILITY STANDARD FOR  
18      CHILDREN AND FAMILIES.—

19           (1) IN GENERAL.—Section 2105(d)(3) of the  
20      Social Security Act (42 U.S.C. 1397ee(d)(3)) is  
21      amended—

22                   (A) in the paragraph heading, by striking  
23                   “THROUGH SEPTEMBER 30, 2027”; and

24                   (B) in subparagraph (A), in the matter  
25      preceding clause (i)—

1 (i) by striking “During the period  
2 that begins on the date of enactment of  
3 the Patient Protection and Affordable Care  
4 Act and ends on September 30, 2027” and  
5 inserting “Beginning on the date of the en-  
6 actment of the Patient Protection and Af-  
7 fordable Care Act”;

8 (ii) by striking “During the period  
9 that begins on October 1, 2019, and ends  
10 on September 30, 2027” and inserting  
11 “Beginning on October 1, 2019”; and

12 (iii) by striking “The preceding sen-  
13 tences shall not be construed as preventing  
14 a State during any such periods from” and  
15 inserting “The preceding sentences shall  
16 not be construed as preventing a State  
17 from”.

18 (2) CONFORMING AMENDMENTS.—Section  
19 1902(gg)(2) of the Social Security Act (42 U.S.C.  
20 1396a(gg)(2)) is amended—

21 (A) in the paragraph heading, by striking  
22 “THROUGH SEPTEMBER 30, 2027”; and

23 (B) by striking “through September 30”  
24 and all that follows through “ends on Sep-

1           tember 30, 2027” and inserting “(but begin-  
2           ning on October 1, 2019,”.

3           (d)    QUALIFYING    STATES    OPTION.—Section  
4   2105(g)(4) of the Social Security Act (42 U.S.C.  
5   1397ee(g)(4)) is amended—

6           (1) in the paragraph heading, by striking “FOR  
7       FISCAL YEARS 2009 THROUGH 2027” and inserting  
8       “AFTER FISCAL YEAR 2008”; and

9           (2) in subparagraph (A), by striking “for any  
10      of fiscal years 2009 through 2027” and inserting  
11      “for any fiscal year after fiscal year 2008”.

12          (e) OUTREACH AND ENROLLMENT PROGRAM.—Sec-  
13   tion 2113 of the Social Security Act (42 U.S.C. 1397mm)  
14   is amended—

15          (1) in subsection (a)—

16                (A) in paragraph (1), by striking “during  
17                the period of fiscal years 2009 through 2027”  
18                and inserting “, beginning with fiscal year  
19                2009,”;

20                (B) in paragraph (2)—

21                   (i) by striking “10 percent of such  
22                   amounts” and inserting “10 percent of  
23                   such amounts for the period or the fiscal  
24                   year for which such amounts are appro-  
25                   priated”; and

1 (ii) by striking “during such period”  
2 and inserting “, during such period or such  
3 fiscal year,”; and

4 (C) in paragraph (3), by striking “For the  
5 period of fiscal years 2024 through 2027, an  
6 amount equal to 10 percent of such amounts”  
7 and inserting “Beginning with fiscal year 2024,  
8 an amount equal to 10 percent of such amounts  
9 for the period or the fiscal year for which such  
10 amounts are appropriated”; and

11 (2) in subsection (g)—

12 (A) by striking “2017,,” and inserting  
13 “2017,”;

14 (B) by striking “and \$48,000,000” and in-  
15 serting “\$48,000,000”; and

16 (C) by inserting after “through 2027” the  
17 following: “, \$12,000,000 for fiscal year 2028,  
18 and, for each fiscal year after fiscal year 2028,  
19 the amount appropriated under this subsection  
20 for the previous fiscal year, increased by the  
21 percentage increase in the consumer price index  
22 for all urban consumers (all items; United  
23 States city average) over such previous fiscal  
24 year”.

1 (f) CHILD ENROLLMENT CONTINGENCY FUND.—  
2 Section 2104(n) of the Social Security Act (42 U.S.C.  
3 1397dd(n)) is amended—

4 (1) in paragraph (2)—

5 (A) in subparagraph (A)(ii)—

6 (i) by striking “and 2024 through  
7 2026” and inserting “beginning with fiscal  
8 year 2024”; and

9 (ii) by striking “2023, and 2027” and  
10 inserting “, and 2023”; and

11 (B) in subparagraph (B)—

12 (i) by striking “2024 through 2026”  
13 and inserting “beginning with fiscal year  
14 2024”; and

15 (ii) by striking “2023, and 2027” and  
16 inserting “, and 2023”; and

17 (2) in paragraph (3)(A)—

18 (A) by striking “fiscal years 2024 through  
19 2026” and inserting “fiscal year 2024 or any  
20 subsequent fiscal year”; and

21 (B) by striking “2023, or 2027” and in-  
22 serting “, or 2023”.

1 **SEC. 2003. STATE OPTION TO INCREASE CHILDREN'S ELIGI-**  
 2 **BILITY FOR MEDICAID AND CHIP.**

3 Section 2110(b)(1)(B)(ii) of the Social Security Act  
 4 (42 U.S.C. 1397jj(b)(1)(B)(ii)) is amended—

5 (1) in subclause (II), by striking “or” at the  
 6 end;

7 (2) in subclause (III), by striking “and” at the  
 8 end and inserting “or”; and

9 (3) by inserting after subclause (III) the fol-  
 10 lowing new subclause:

11 “(IV) at the option of the State,  
 12 whose family income exceeds the maximum  
 13 income level otherwise established for chil-  
 14 dren under the State child health plan as  
 15 of the date of the enactment of this sub-  
 16 clause; and”.

17 **TITLE III—FAMILY AND**  
 18 **MEDICAL LEAVE**

19 **SEC. 3001. DEFINITIONS.**

20 In this title, the following definitions apply:

21 (1) CAREGIVING DAY.—The term “caregiving  
 22 day” means, with respect to an individual, a cal-  
 23 endar day in which the individual engaged in quali-  
 24 fied caregiving.

25 (2) COMMISSIONER.—The term “Commis-  
 26 sioner” means the Commissioner of Social Security.

1           (3) DEPUTY COMMISSIONER.—The term “Dep-  
2       uty Commissioner” means the Deputy Commissioner  
3       who heads the Office of Paid Family and Medical  
4       Leave established under section 3002(a).

5           (4) ELIGIBLE INDIVIDUAL.—The term “eligible  
6       individual” means an individual who is entitled to a  
7       benefit under section 3003 for a particular month,  
8       upon filing an application for such benefit for such  
9       month.

10          (5) INITIAL WAITING PERIOD.—The term “ini-  
11       tial waiting period” means a period beginning with  
12       the first caregiving day of an individual occurring  
13       during the individual’s benefit period and ending  
14       after the earlier of—

15                (A) the fifth caregiving day of the indi-  
16       vidual occurring during the benefit period; or

17                (B) the month preceding the first month in  
18       the benefit period during which occur not less  
19       than 15 caregiving days of the individual.

20          (6) QUALIFIED CAREGIVING.—The term “quali-  
21       fied caregiving” means any activity engaged in by an  
22       individual, other than regular employment, for a rea-  
23       son for which an eligible employee would be entitled  
24       to leave under subparagraphs (A) through (E) of



1 paragraph (1) of section 102(a) of the Family and  
2 Medical Leave Act of 1993 (29 U.S.C. 2612(a)).

3 (7) SELF-EMPLOYMENT INCOME.—The term  
4 “self-employment income” has the same meaning as  
5 such term in section 211(b) of the Social Security  
6 Act (42 U.S.C. 411(b)).

7 (8) STATE.—The term “State” means any  
8 State of the United States or the District of Colum-  
9 bia or any territory or possession of the United  
10 States.

11 (9) WAGES.—The term “wages”, except as such  
12 term is used in subsection (h)(2) of section 3003,  
13 has the same meaning as such term in section 209  
14 of the Social Security Act (42 U.S.C. 409).

15 (10) 60-DAY LIMITATION PERIOD.—The term  
16 “60-day limitation period” means a period—

17 (A) beginning with the first caregiving day  
18 of an individual occurring during the individ-  
19 ual’s benefit period and after the expiration of  
20 the individual’s 5-day waiting period, if applica-  
21 ble; and

22 (B) ending with the 60th caregiving day of  
23 the individual occurring during the benefit pe-  
24 riod and after the expiration of the 5-day wait-  
25 ing period,

1       disregarding any caregiving day of the individual oc-  
2       curring during any month in the benefit period after  
3       the first 20 caregiving days of the individual occur-  
4       ring during such month.

5   **SEC. 3002. OFFICE OF PAID FAMILY AND MEDICAL LEAVE.**

6       (a) ESTABLISHMENT OF OFFICE.—There is estab-  
7       lished within the Social Security Administration an office  
8       to be known as the Office of Paid Family and Medical  
9       Leave. The Office shall be headed by a Deputy Commis-  
10      sioner who shall be appointed by the Commissioner.

11      (b) RESPONSIBILITIES OF DEPUTY COMMIS-  
12      SIONER.—The Commissioner, acting through the Deputy  
13      Commissioner, shall be responsible for—

14           (1) hiring personnel and making employment  
15      decisions with regard to such personnel;

16           (2) issuing such regulations as may be nec-  
17      essary to carry out the purposes of this title;

18           (3) entering into cooperative agreements with  
19      other agencies and departments to ensure the effi-  
20      ciency of the administration of the program;

21           (4) determining eligibility for family and med-  
22      ical leave insurance benefits under section 3003;

23           (5) determining benefit amounts for each  
24      month of such eligibility and making timely pay-

1       ments of such benefits to entitled individuals in ac-  
2       cordance with such section;

3           (6) establishing and maintaining a system of  
4       records relating to the administration of such sec-  
5       tion;

6           (7) preventing fraud and abuse relating to such  
7       benefits;

8           (8) providing information on request regarding  
9       eligibility requirements, the claims process, benefit  
10      amounts, maximum benefits payable, notice require-  
11      ments, nondiscrimination rights, confidentiality, co-  
12      ordination of leave under this title and other laws,  
13      collective bargaining agreements, and employer poli-  
14      cies;

15          (9) annually providing employers a notice in-  
16      forming employees of the availability of such bene-  
17      fits;

18          (10) annually making available to the public a  
19      report that includes the number of individuals who  
20      received such benefits, the purposes for which such  
21      benefits were received, and an analysis of utilization  
22      rates of such benefits by gender, race, ethnicity, and  
23      income levels; and

1           (11) tailoring culturally and linguistically com-  
2           petent education and outreach toward increasing uti-  
3           lization rates of benefits under such section.

4           (c) AVAILABILITY OF DATA.—The Commissioner  
5           shall make available to the Deputy Commissioner such  
6           data as the Commissioner determines necessary to enable  
7           the Deputy Commissioner to effectively carry out the re-  
8           sponsibilities described in subsection (b).

9   **SEC. 3003. FAMILY AND MEDICAL LEAVE INSURANCE BEN-**  
10                   **EFIT PAYMENTS.**

11           (a) IN GENERAL.—Every individual who—

12                   (1) is insured for disability insurance benefits  
13                   (as determined under section 223(c) of the Social  
14                   Security Act (42 U.S.C. 423(c))) at the time such  
15                   individual's application is filed;

16                   (2) has earned income from employment during  
17                   the 12 months prior to the month in which the ap-  
18                   plication is filed;

19                   (3) has filed an application for a family and  
20                   medical leave insurance benefit in accordance with  
21                   subsection (d); and

22                   (4) was engaged in qualified caregiving, or an-  
23                   ticipates being so engaged, during the period that  
24                   begins 90 days before the date on which such appli-  
25                   cation is filed or within 30 days after such date,

1 shall be entitled to such a benefit for each month in the  
2 benefit period specified in subsection (c), not to exceed 60  
3 caregiving days per benefit period.

4 (b) BENEFIT AMOUNT.—

5 (1) IN GENERAL.—Except as otherwise pro-  
6 vided in this subsection, the benefit amount to which  
7 an individual is entitled under this section for a  
8 month shall be an amount equal to the greater of—

9 (A) the lesser of  $\frac{1}{18}$  of the wages and self-  
10 employment income of the individual for the  
11 calendar year in which such wages and self-em-  
12 ployment income are the highest among the  
13 most recent three calendar years, or the max-  
14 imum benefit amount determined under para-  
15 graph (2); or

16 (B) the minimum benefit amount deter-  
17 mined under paragraph (2),  
18 multiplied by the quotient (not greater than 1) ob-  
19 tained by dividing the number of caregiving days of  
20 the individual in such month by 20.

21 (2) ANNUAL INCREASE OF MAXIMUM AND MIN-  
22 IMUM BENEFIT AMOUNTS.—

23 (A) For individuals who initially become el-  
24 igible for family and medical leave insurance  
25 benefits in the first full calendar year after the

1 date of enactment of this Act, the maximum  
2 monthly benefit amount and the minimum  
3 monthly benefit amount shall be \$4,000 and  
4 \$580, respectively.

5 (B) For individuals who initially become el-  
6 igible for family and medical leave insurance  
7 benefits in any calendar year after such first  
8 full calendar year the maximum benefit amount  
9 and the minimum benefit amount shall be, re-  
10 spectively, the product of the corresponding  
11 amount determined with respect to the first cal-  
12 endar year under subparagraph (A) and the  
13 quotient obtained by dividing—

14 (i) the national average wage index  
15 (as defined in section 209(k)(1) of the So-  
16 cial Security Act (42 U.S.C. 409(k)(1)))  
17 for the second calendar year preceding the  
18 calendar year for which the determination  
19 is made, by

20 (ii) the national average wage index  
21 (as so defined) for the calendar year imme-  
22 diately preceding the calendar year in  
23 which occurs the date of enactment of this  
24 Act.

25 (3) LIMITATIONS ON BENEFITS PAID.—

1           (A) NONPAYABLE WAITING PERIOD.—Any  
2           calendar day during an individual's benefit pe-  
3           riod which occurs before the expiration of an  
4           initial waiting period shall not be taken into ac-  
5           count under this subsection as a caregiving day  
6           of the individual.

7           (B) LIMITATION ON TOTAL BENEFITS  
8           PAID.—Any calendar day during an individual's  
9           benefit period which occurs after the expiration  
10          of a 60-day limitation period shall not be taken  
11          into account under this subsection as a  
12          caregiving day of the individual.

13          (4) REDUCTION IN BENEFIT AMOUNT ON AC-  
14          COUNT OF RECEIPT OF CERTAIN BENEFITS.—A ben-  
15          efit under this section for a month shall be reduced  
16          by the amount, if any, in certain benefits (as deter-  
17          mined under regulations issued by the Commis-  
18          sioner) as may be otherwise received by an indi-  
19          vidual. For purposes of the preceding sentence, cer-  
20          tain benefits include—

21                (A) periodic benefits on account of such in-  
22                dividual's total or partial disability under a  
23                workmen's compensation law or plan of the  
24                United States or a State; and

1 (B) periodic benefits on account of an indi-  
2 vidual's employment status under an unemploy-  
3 ment law or plan of the United States or a  
4 State.

5 (5) COORDINATION OF BENEFIT AMOUNT WITH  
6 CERTAIN STATE BENEFITS.—A benefit received  
7 under this section shall be coordinated, in a manner  
8 determined by regulations issued by the Commis-  
9 sioner, with the periodic benefits received from tem-  
10 porary disability insurance or family leave insurance  
11 programs under any law or plan of a State, a polit-  
12 ical subdivision (as that term is used in section  
13 218(b)(2) of the Social Security Act (42 U.S.C.  
14 418(b)(2))), or an instrumentality of two or more  
15 States (as that term is used in section 218(g) of  
16 such Act of the Social Security Act (42 U.S.C.  
17 418(g))).

18 (c) BENEFIT PERIOD.—

19 (1) IN GENERAL.—Except as provided in para-  
20 graph (2), the benefit period specified in this sub-  
21 section shall begin on the 1st day of the 1st month  
22 in which the individual meets the criteria specified in  
23 paragraphs (1), (2), and (3) of subsection (a), and  
24 shall end on the date that is 365 days after the 1st  
25 day of the benefit period.



1           (2) RETROACTIVE BENEFITS.—In the case of  
2           an application for benefits under this section for  
3           qualified caregiving in which the individual was en-  
4           gaged at any time during the 90-day period pre-  
5           ceding the date on which such application is sub-  
6           mitted, the benefit period specified in this subsection  
7           shall begin on the later of—

8                   (A) the 1st day of the 1st month in which  
9                   the individual engaged in such qualified  
10                  caregiving; or

11                   (B) the 1st day of the 1st month that be-  
12                  gins during such 90-day period,  
13           and shall end on the date that is 365 days after the  
14           1st day of the benefit period.

15          (d) APPLICATION.—An application for a family and  
16          medical leave insurance benefit shall include—

17                  (1) a statement that the individual was engaged  
18                  in qualified caregiving, or anticipates being so en-  
19                  gaged, during the period that begins 90 days before  
20                  the date on which the application is submitted or  
21                  within 30 days after such date;

22                  (2) if the qualified caregiving described in the  
23                  statement in paragraph (1) is engaged in by the in-  
24                  dividual because of a serious health condition of the  
25                  individual or a relative of the individual, a certifi-

1 cation, issued by the health care provider treating  
2 such serious health condition, that affirms the infor-  
3 mation specified in paragraph (1) and contains such  
4 information as the Commissioner shall specify in  
5 regulations, which shall be no more than the infor-  
6 mation that is required to be stated under section  
7 103(b) of the Family and Medical Leave Act of  
8 1993 (29 U.S.C. 2613(b));

9 (3) if such qualified caregiving is engaged in by  
10 the individual for any other authorized reason, a cer-  
11 tification, issued by a relevant authority determined  
12 under regulations issued by the Commissioner, that  
13 affirms the circumstances giving rise to such reason;  
14 and

15 (4) an attestation from the applicant that his or  
16 her employer has been provided with written notice  
17 of the individual's intention to take family or med-  
18 ical leave, if the individual has an employer, or to  
19 the Commissioner in all other cases.

20 (e) INELIGIBILITY; DISQUALIFICATION.—

21 (1) INELIGIBILITY FOR BENEFIT.—An indi-  
22 vidual shall be ineligible for a benefit under this sec-  
23 tion for any month for which the individual is enti-  
24 tled to—

1 (A) disability insurance benefits under sec-  
2 tion 223 of the Social Security Act (42 U.S.C.  
3 423) or a similar permanent disability program  
4 under any law or plan of a State or political  
5 subdivision or instrumentality of a State (as  
6 such terms are used in section 218 of the Social  
7 Security Act (42 U.S.C. 418));

8 (B) monthly insurance benefits under sec-  
9 tion 202 of such Act (42 U.S.C. 402) based on  
10 such individual's disability (as defined in sec-  
11 tion 223(d) of such Act (42 U.S.C. 423(d))); or

12 (C) benefits under title XVI of such Act  
13 (42 U.S.C. 1381 et seq.) based on such individ-  
14 ual's status as a disabled individual (as deter-  
15 mined under section 1614 of such Act (42  
16 U.S.C. 1382c)).

17 (2) DISQUALIFICATION.—An individual who has  
18 been convicted of a violation under section 208 of  
19 the Social Security Act (42 U.S.C. 408) or who has  
20 been found to have used false statements to secure  
21 benefits under this section, shall be ineligible for  
22 benefits under this section for a 1-year period fol-  
23 lowing the date of such conviction.

24 (f) REVIEW OF ELIGIBILITY AND BENEFIT PAYMENT

25 DETERMINATIONS.—

1 (1) ELIGIBILITY DETERMINATIONS.—

2 (A) IN GENERAL.—The Commissioner  
3 shall provide notice to an individual applying  
4 for benefits under this section of the initial de-  
5 termination of eligibility for such benefits, and  
6 the estimated benefit amount for a month in  
7 which one caregiving day of the individual oc-  
8 curs, as soon as practicable after the applica-  
9 tion is received.

10 (B) REVIEW.—An individual may request  
11 review of an initial adverse determination with  
12 respect to such application at any time before  
13 the end of the 20-day period that begins on the  
14 date notice of such determination is received,  
15 except that such 20-day period may be extended  
16 for good cause. As soon as practicable after the  
17 individual requests review of the determination,  
18 the Commissioner shall provide notice to the in-  
19 dividual of a final determination of eligibility  
20 for benefits under this section.

21 (2) BENEFIT PAYMENT DETERMINATIONS.—

22 (A) IN GENERAL.—The Commissioner  
23 shall make any monthly benefit payment to an  
24 individual claiming benefits for a month under  
25 this section, or provide notice of the reason

1 such payment will not be made if the Commis-  
2 sioner determines that the individual is not en-  
3 titled to payment for such month, not later  
4 than 20 days after the individual's monthly  
5 benefit claim report for such month is received.  
6 Such monthly report shall be filed with the  
7 Commissioner not later than 15 days after the  
8 end of each month.

9 (B) REVIEW.—If the Commissioner deter-  
10 mines that payment will not be made to an in-  
11 dividual for a month, or if the Commissioner  
12 determines that payment shall be made based  
13 on a number of caregiving days in the month  
14 inconsistent with the number of caregiving days  
15 in the monthly benefit claim report of the indi-  
16 vidual for such month, the individual may re-  
17 quest review of such determination at any time  
18 before the end of the 20-day period that begins  
19 on the date notice of such determination is re-  
20 ceived, except that such 20-day period may be  
21 extended for good cause. Not later than 20 days  
22 after the individual requests review of the deter-  
23 mination, the Commissioner shall provide notice  
24 to the individual of a final determination of  
25 payment for such month, and shall make pay-

1           ment to the individual of any additional amount  
2           not included in the initial payment to the indi-  
3           vidual for such month to which the Commis-  
4           sioner determines the individual is entitled.

5           (3) BURDEN OF PROOF.—An application for  
6           benefits under this section and a monthly benefit  
7           claim report of an individual shall each be presumed  
8           to be true and accurate, unless the Commissioner  
9           demonstrates by a preponderance of the evidence  
10          that information contained in the application is  
11          false.

12          (4) DEFINITION OF MONTHLY BENEFIT CLAIM  
13          REPORT.—For purposes of this subsection, the term  
14          “monthly benefit claim report” means, with respect  
15          to an individual for a month, the individual’s report  
16          to the Commissioner of the number of caregiving  
17          days of the individual in such month, which shall be  
18          filed no later than 15 days after the end of each  
19          month.

20          (5) REVIEW.—All final determinations of the  
21          Commissioner under this subsection shall be review-  
22          able according to the procedures set out in section  
23          205 of the Social Security Act (42 U.S.C. 405).

24          (g) RELATIONSHIP WITH STATE LAW; EMPLOYER  
25          BENEFITS.—

1           (1) IN GENERAL.—This section does not pre-  
2       empt or supercede any provision of State or local  
3       law that authorizes a State or local municipality to  
4       provide paid family and medical leave benefits simi-  
5       lar to the benefits provided under this section.

6           (2) GREATER BENEFITS ALLOWED.—Nothing  
7       in this title shall be construed to diminish the obli-  
8       gation of an employer to comply with any contract,  
9       collective bargaining agreement, or any employment  
10      benefit program or plan that provides greater paid  
11      leave or other leave rights to employees than the  
12      rights established under this title.

13      (h) PROHIBITED ACTS; ENFORCEMENT.—

14           (1) IN GENERAL.—It shall be unlawful for any  
15      person to discharge or in any other manner discrimi-  
16      nate against an individual because the individual has  
17      applied for, indicated an intent to apply for, or re-  
18      ceived family and medical leave insurance benefits.

19           (2) CIVIL ACTION BY AN INDIVIDUAL.—

20           (A) LIABILITY.—Any person who violates  
21      paragraph (1) shall be liable to any individual  
22      employed by such person who is affected by the  
23      violation—

24                   (i) for damages equal to the sum of—

25                           (I) the amount of—

1                   (aa) any wages, salary, em-  
2                   ployment benefits, or other com-  
3                   pensation denied or lost to such  
4                   individual by reason of the viola-  
5                   tion; or

6                   (bb) in a case in which  
7                   wages, salary, employment bene-  
8                   fits, or other compensation have  
9                   not been denied or lost to the in-  
10                  dividual, any actual monetary  
11                  losses sustained by the individual  
12                  as a direct result of the violation,  
13                  such as the cost of providing  
14                  care, up to a sum equal to 60  
15                  calendar days of wages or salary  
16                  for the individual;

17                  (II) the interest on the amount  
18                  described in subclause (I) calculated  
19                  at the prevailing rate; and

20                  (III) an additional amount as liq-  
21                  uidated damages equal to the sum of  
22                  the amount described in subclause (I)  
23                  and the interest described in sub-  
24                  clause (II), except that if a person  
25                  who has violated paragraph (1) proves



1 to the satisfaction of the court that  
2 the act or omission which violated  
3 paragraph (1) was in good faith and  
4 that the person had reasonable  
5 grounds for believing that the act or  
6 omission was not a violation of para-  
7 graph (1), such court may, in the dis-  
8 cretion of the court, reduce the  
9 amount of the liability to the amount  
10 and interest determined under sub-  
11 clauses (I) and (II), respectively; and  
12 (ii) for such equitable relief as may be  
13 appropriate, including employment, rein-  
14 statement, and promotion.

15 (B) RIGHT OF ACTION.—An action to re-  
16 cover the damages or equitable relief prescribed  
17 in subparagraph (A) may be maintained against  
18 any person in any Federal or State court of  
19 competent jurisdiction by any individual for and  
20 on behalf of—

- 21 (i) the individual; or  
22 (ii) the individual and other individ-  
23 uals similarly situated.

24 (C) FEES AND COSTS.—The court in such  
25 an action shall, in addition to any judgment

1 awarded to the plaintiff, allow a reasonable at-  
2 torney's fee, reasonable expert witness fees, and  
3 other costs of the action to be paid by the de-  
4 fendant.

5 (D) LIMITATIONS.—The right provided by  
6 subparagraph (B) to bring an action by or on  
7 behalf of any individual shall terminate—

8 (i) on the filing of a complaint by the  
9 Commissioner in an action under para-  
10 graph (5) in which restraint is sought of  
11 any further delay in the payment of the  
12 amount described in subparagraph (A)(I)  
13 to such individual by the person respon-  
14 sible under subparagraph (A) for the pay-  
15 ment; or

16 (ii) on the filing of a complaint by the  
17 Commissioner in an action under para-  
18 graph (3) in which a recovery is sought of  
19 the damages described in subparagraph  
20 (A)(I) owing to an individual by a person  
21 liable under subparagraph (A),

22 unless the action described in clause (i) or (ii)  
23 is dismissed without prejudice on motion of the  
24 Commissioner.

25 (3) ACTION BY THE COMMISSIONER.—

1 (A) CIVIL ACTION.—The Commissioner  
2 may bring an action in any court of competent  
3 jurisdiction to recover the damages described in  
4 paragraph (2)(A)(I).

5 (B) SUMS RECOVERED.—Any sums recov-  
6 ered by the Commissioner pursuant to subpara-  
7 graph (A) shall be held in a special deposit ac-  
8 count and shall be paid, on order of the Com-  
9 missioner, directly to each individual affected.  
10 Any such sums not paid to an individual be-  
11 cause of inability to do so within a period of 3  
12 years shall be deposited into the Federal Family  
13 and Medical Leave Insurance Trust Fund.

14 (4) LIMITATION.—

15 (A) IN GENERAL.—An action may be  
16 brought under this subsection not later than 3  
17 years after the date of the last event consti-  
18 tuting the alleged violation for which the action  
19 is brought.

20 (B) COMMENCEMENT.—An action brought  
21 by the Commissioner under this subsection shall  
22 be considered to be commenced on the date  
23 when the complaint is filed.

24 (5) ACTION FOR INJUNCTION BY COMMIS-  
25 SIONER.—The district courts of the United States

1       shall have jurisdiction, for cause shown, in an action  
2       brought by the Commissioner—

3               (A) to restrain violations of paragraph (1),  
4       including the restraint of any withholding of  
5       payment of wages, salary, employment benefits,  
6       or other compensation, plus interest, found by  
7       the court to be due to an individual; or

8               (B) to award such other equitable relief as  
9       may be appropriate, including employment, re-  
10       instatement, and promotion.

11       (i) SPECIAL RULE FOR RAILROAD EMPLOYEES.—For  
12       purposes of subsection (a)(1), an individual shall be  
13       deemed to be insured for disability insurance benefits if  
14       the individual would be so insured if the individual's serv-  
15       ice as an employee (as defined in the section 1(b) of the  
16       Railroad Retirement Act of 1974) after December 31,  
17       1936, were included within the meaning of the term “em-  
18       ployment” for purposes of title II of the Social Security  
19       Act (42 U.S.C. 401 et seq.).

20       (j) DETERMINATION OF WHETHER AN ACTIVITY  
21       CONSTITUTES QUALIFIED CAREGIVING.—

22               (1) IN GENERAL.—For purposes of determining  
23       whether an activity engaged in by an individual con-  
24       stitutes qualified caregiving under this section—

1 (A) the term “spouse” (as used in section  
2 102(a) of the Family and Medical Leave Act  
3 (29 U.S.C. 2612(a))) includes the individual’s  
4 domestic partner; and

5 (B) the term “son or daughter” (as used  
6 in such section) includes a son or daughter (as  
7 defined in section 101 of such Act) of the indi-  
8 vidual’s domestic partner.

9 (2) DOMESTIC PARTNER.—

10 (A) IN GENERAL.—For purposes of para-  
11 graph (1), the term “domestic partner”, with  
12 respect to an individual, means another indi-  
13 vidual with whom the individual is in a com-  
14 mitted relationship.

15 (B) COMMITTED RELATIONSHIP DE-  
16 FINED.—The term “committed relationship”  
17 means a relationship between two individuals  
18 (each at least 18 years of age) in which each  
19 individual is the other individual’s sole domestic  
20 partner and both individuals share responsi-  
21 bility for a significant measure of each other’s  
22 common welfare. The term includes any such  
23 relationship between two individuals, including  
24 individuals of the same sex, that is granted  
25 legal recognition by a State or political subdivi-

1           sion of a State as a marriage or analogous rela-  
2           tionship, including a civil union or domestic  
3           partnership.

4           (k) **APPLICABILITY OF CERTAIN SOCIAL SECURITY**  
5 **ACT PROVISIONS.**—The provisions of sections 204, 205,  
6 206, and 208 of the Social Security Act shall apply to  
7 benefit payments authorized by and paid out pursuant to  
8 this section in the same way that such provisions apply  
9 to benefit payments authorized by and paid out pursuant  
10 to title II of such Act.

11          (l) **EFFECTIVE DATE FOR APPLICATIONS.**—Applica-  
12 tions described in this section may be filed beginning 18  
13 months after the date of enactment of this Act.

14 **SEC. 3004. ESTABLISHMENT OF FAMILY AND MEDICAL**  
15 **LEAVE INSURANCE TRUST FUND.**

16          (a) **IN GENERAL.**—There is hereby created on the  
17 books of the Treasury of the United States a trust fund  
18 to be known as the “Federal Family and Medical Leave  
19 Insurance Trust Fund”. The Federal Family and Medical  
20 Leave Insurance Trust Fund shall consist of such gifts  
21 and bequests as may be made as provided in section  
22 201(i)(1) of the Social Security Act (42 U.S.C. 401(i)(1))  
23 and such amounts as may be appropriated to, or deposited  
24 in, the Federal Family and Medical Leave Insurance  
25 Trust Fund as provided in this section.

1 (b) AUTHORIZATION OF APPROPRIATIONS.—

2 (1) IN GENERAL.—There is authorized to be  
3 appropriated to the Federal Family and Medical  
4 Leave Insurance Trust Fund out of moneys in the  
5 Treasury not otherwise appropriated—

6 (A) for the first three fiscal years begin-  
7 ning after the date of enactment of this Act,  
8 such sums as may be necessary for the Com-  
9 missioner to administer the office established  
10 under section 3002 and pay the benefits under  
11 section 3003;

12 (B) 100 percent of the taxes imposed by  
13 sections 3101(c) and 3111(c) of the Internal  
14 Revenue Code of 1986 with respect to wages  
15 (as defined in section 3121 of such Code) re-  
16 ported to the Secretary of the Treasury pursu-  
17 ant to subtitle F of such Code, as determined  
18 by the Secretary of the Treasury by applying  
19 the applicable rate of tax under such sections to  
20 such wages;

21 (C) 100 percent of the taxes imposed by  
22 section 1401(c) of such Code with respect to  
23 self-employment income (as defined in section  
24 1402 of such Code) reported to the Secretary of  
25 the Treasury on tax returns under subtitle F of

1 such Code, as determined by the Secretary of  
2 the Treasury by applying the applicable rate of  
3 tax under such section to such self-employment  
4 income; and

5 (D) 100 percent of the taxes imposed by  
6 sections 3201(c), 3211(c), and 3221(c) of such  
7 Code with respect to compensation (as defined  
8 in section 3231 of such Code) reported to the  
9 Secretary of the Treasury on tax returns under  
10 subtitle F of such Code, as determined by the  
11 Secretary of the Treasury by applying the ap-  
12 plicable rate of tax under such sections to such  
13 compensation.

14 (2) REPAYMENT OF INITIAL APPROPRIATION.—

15 Amounts appropriated pursuant to subparagraph  
16 (A) of paragraph (1) shall be repaid to the Treasury  
17 of the United States not later than 10 years after  
18 the first appropriation is made pursuant to such  
19 subparagraph.

20 (3) TRANSFER TO TRUST FUND.—The amounts

21 described in paragraph (2) shall be transferred from  
22 time to time from the general fund in the Treasury  
23 to the Federal Family and Medical Leave Insurance  
24 Trust Fund, such amounts to be determined on the  
25 basis of estimates by the Secretary of the Treasury



1 of the taxes, specified in such paragraph, paid to or  
2 deposited into the Treasury. Proper adjustments  
3 shall be made in amounts subsequently transferred  
4 to the extent prior estimates were inconsistent with  
5 the taxes specified in such paragraph.

6 (c) MANAGEMENT OF TRUST FUND.—The provisions  
7 of subsections (c), (d), (e), (f), (i), and (m) of section 201  
8 of the Social Security Act (42 U.S.C. 401) shall apply with  
9 respect to the Federal Family and Medical Leave Insur-  
10 ance Trust Fund in the same manner as such provisions  
11 apply to the Federal Old-Age and Survivors Insurance  
12 Trust Fund and the Disability Insurance Trust Fund.

13 (d) BENEFITS PAID FROM TRUST FUND.—Benefit  
14 payments required to be made under section 3003 shall  
15 be made only from the Federal Family and Medical Leave  
16 Insurance Trust Fund.

17 (e) ADMINISTRATION.—There are authorized to be  
18 made available for expenditure, out of the Federal Family  
19 and Medical Leave Insurance Trust Fund, such sums as  
20 may be necessary to pay the costs of the administration  
21 of section 3003, including start-up costs, technical assist-  
22 ance, outreach, education, evaluation, and reporting.

23 (f) PROHIBITION.—No funds from the Social Secu-  
24 rity Trust Fund or appropriated to the Social Security Ad-  
25 ministration to administer Social Security programs may

1 be used for Federal Family and Medical Leave Insurance  
2 benefits or administration set forth under this title.

3 **SEC. 3005. INTERNAL REVENUE CODE PROVISIONS.**

4 (a) IN GENERAL.—

5 (1) EMPLOYEE CONTRIBUTION.—Section 3101  
6 of the Internal Revenue Code of 1986 is amended—

7 (A) by redesignating subsection (c) as sub-  
8 section (d); and

9 (B) by inserting after subsection (b) the  
10 following:

11 “(c) FAMILY AND MEDICAL LEAVE INSURANCE.—

12 “(1) IN GENERAL.—In addition to other taxes,  
13 there is hereby imposed on the income of every indi-  
14 vidual a tax equal to the applicable percentage of the  
15 wages (as defined in section 3121(a)) received by the  
16 individual with respect to employment (as defined in  
17 section 3121(b)).

18 “(2) APPLICABLE PERCENTAGE.—For purposes  
19 of paragraph (1), the term ‘applicable percentage’  
20 means 0.2 percent in the case of wages received in  
21 any calendar year.”.

22 (2) EMPLOYER CONTRIBUTION.—Section 3111  
23 of such Code is amended—

24 (A) by redesignating subsection (c) as sub-  
25 section (d); and

1 (B) by inserting after subsection (b) the  
 2 following:

3 “(c) FAMILY AND MEDICAL LEAVE INSURANCE.—

4 “(1) IN GENERAL.—In addition to other taxes,  
 5 there is hereby imposed on every employer an excise  
 6 tax, with respect to having individuals in his employ,  
 7 equal to the applicable percentage of the wages (as  
 8 defined in section 3121(a)) paid by the employer  
 9 with respect to employment (as defined in section  
 10 3121(b)).

11 “(2) APPLICABLE PERCENTAGE.—For purposes  
 12 of paragraph (1), the term ‘applicable percentage’  
 13 means 0.2 percent in the case of wages paid in any  
 14 calendar year.”.

15 (3) SELF-EMPLOYMENT INCOME CONTRIBU-  
 16 TION.—

17 (A) IN GENERAL.—Section 1401 of such  
 18 Code is amended—

19 (i) by redesignating subsection (c) as  
 20 subsection (d); and

21 (ii) by inserting after subsection (b)  
 22 the following:

23 “(c) FAMILY AND MEDICAL LEAVE INSURANCE.—

24 “(1) IN GENERAL.—In addition to other taxes,  
 25 there is hereby imposed for each taxable year, on the

1 self-employment income of every individual, a tax  
 2 equal to the applicable percentage of the amount of  
 3 the self-employment income for such taxable year.

4 “(2) APPLICABLE PERCENTAGE.—For purposes  
 5 of paragraph (1), the term ‘applicable percentage’  
 6 means 0.4 percent in the case of self-employment in-  
 7 come in any taxable year.”.

8 (B) EXCLUSION OF CERTAIN NET EARN-  
 9 INGS FROM SELF-EMPLOYMENT.—Section  
 10 1402(b)(1) of such Code is amended by striking  
 11 “tax imposed by section 1401(a)” and inserting  
 12 “taxes imposed by subsections (a) and (c) of  
 13 section 1401”.

14 (b) RAILROAD RETIREMENT TAX ACT.—

15 (1) EMPLOYEE CONTRIBUTION.—Section 3201  
 16 of such Code is amended—

17 (A) by redesignating subsection (c) as sub-  
 18 section (d); and

19 (B) by inserting after subsection (b) the  
 20 following:

21 “(c) FAMILY AND MEDICAL LEAVE INSURANCE.—

22 “(1) IN GENERAL.—In addition to other taxes,  
 23 there is hereby imposed on the income of each em-  
 24 ployee a tax equal to the applicable percentage of  
 25 the compensation received during any calendar year

1 by such employee for services rendered by such em-  
2 ployee.

3 “(2) APPLICABLE PERCENTAGE.—For purposes  
4 of paragraph (1), the term ‘applicable percentage’  
5 means 0.2 percent in the case of compensation re-  
6 ceived in any calendar year.”.

7 (2) EMPLOYEE REPRESENTATIVE CONTRIBU-  
8 TION.—Section 3211 of such Code is amended—

9 (A) by redesignating subsection (c) as sub-  
10 section (d); and

11 (B) by inserting after subsection (b) the  
12 following:

13 “(c) FAMILY AND MEDICAL LEAVE INSURANCE.—

14 “(1) IN GENERAL.—In addition to other taxes,  
15 there is hereby imposed on the income of each em-  
16 ployee representative a tax equal to the applicable  
17 percentage of the compensation received during any  
18 calendar year by such employee representative for  
19 services rendered by such employee representative.

20 “(2) APPLICABLE PERCENTAGE.—For purposes  
21 of paragraph (1), the term ‘applicable percentage’  
22 means 0.2 percent in the case of compensation re-  
23 ceived in any calendar year.”.

24 (3) EMPLOYER CONTRIBUTION.—Section 3221  
25 of such Code is amended—

1 (A) by redesignating subsection (c) as sub-  
2 section (d); and

3 (B) by inserting after subsection (b) the  
4 following:

5 “(c) FAMILY AND MEDICAL LEAVE INSURANCE.—

6 “(1) IN GENERAL.—In addition to other taxes,  
7 there is hereby imposed on every employer an excise  
8 tax, with respect to having individuals in his employ,  
9 equal to the applicable percentage of the compensa-  
10 tion paid during any calendar year by such employer  
11 for services rendered to such employer.

12 “(2) APPLICABLE PERCENTAGE.—For purposes  
13 of paragraph (1), the term ‘applicable percentage’  
14 means 0.2 percent in the case of compensation paid  
15 in any calendar year.”.

16 (c) CONFORMING AMENDMENTS.—

17 (1) Section 6413(c) of the Internal Revenue  
18 Code of 1986 is amended—

19 (A) in paragraph (1)—

20 (i) by inserting “, section 3101(c),”  
21 after “by section 3101(a)”; and

22 (ii) by striking “both” and inserting  
23 “each”; and

24 (B) in paragraph (2), by inserting “or  
25 3101(c)” after “3101(a)” each place it appears.

1           (2) Section 15(a) of the Railroad Retirement  
2       Act of 1974 (45 U.S.C. 231n(a)) is amended by in-  
3       serting “(other than sections 3201(c), 3211(c), and  
4       3221(c))” before the period at the end.

5       (d) EFFECTIVE DATE.—The amendments made by  
6       this section shall take effect 120 days after the date of  
7       the enactment of this Act.

8       **SEC. 3006. REGULATIONS.**

9       The Commissioner, in consultation with the Secretary  
10      of Labor, shall prescribe regulations necessary to carry out  
11      this title. In developing such regulations, the Commis-  
12      sioner shall consider the input from a volunteer advisory  
13      body comprised of not more than 15 individuals, including  
14      experts in the relevant subject matter and officials charged  
15      with implementing State paid family and medical leave in-  
16      surance programs. The Commissioner shall take such pro-  
17      grams into account when proposing regulations. Such indi-  
18      viduals shall be appointed as follows:

19           (1) Five individuals to be appointed by the  
20      President.

21           (2) Three individuals to be appointed by the  
22      majority leader of the Senate.

23           (3) Two individuals to be appointed by the mi-  
24      nority leader of the Senate.

1           (4) Three individuals to be appointed by the  
2       Speaker of the House of Representatives.

3           (5) Two individuals to be appointed by the mi-  
4       nority leader of the House of Representatives.

5   **SEC. 3007. GAO STUDY.**

6       As soon as practicable after calendar year 2025, the  
7   Comptroller General shall submit to Congress a report on  
8   family and medical leave insurance benefits paid under  
9   section 3003 for any month during the 1-year period be-  
10   ginning on January 1, 2025. The report shall include the  
11   following:

12           (1) An identification of the total number of ap-  
13       plications for such benefits filed for any month dur-  
14       ing such 1-year period, and the average number of  
15       days occurring in the period beginning on the date  
16       on which such an application is received and ending  
17       on the date on which the initial determination of eli-  
18       gibility with respect to the application is made.

19           (2) An identification of the total number of re-  
20       quests for review of an initial adverse determination  
21       of eligibility for such benefits made during such 1-  
22       year period, and the average number of days occur-  
23       ring in the period beginning on the date on which  
24       such review is requested and ending on the date on



1       which the final determination of eligibility with re-  
2       spect to such review is made.

3           (3) An identification of the total number of  
4       monthly benefit claim reports for such benefits filed  
5       during such 1-year period, and the average number  
6       of days occurring in the period beginning on the  
7       date on which such a claim report is received and  
8       ending on the date on which the initial determina-  
9       tion of eligibility with respect to the claim report is  
10      made.

11          (4) An identification of the total number of re-  
12      quests for review of an initial adverse determination  
13      relating to a monthly benefit claim report for such  
14      benefits made during such 1-year period, and the av-  
15      erage number of days occurring in the period begin-  
16      ning on the date on which such review is requested  
17      and ending on the date on which the final deter-  
18      mination of eligibility with respect to such review is  
19      made.

20          (5) An identification of any excessive delay in  
21      any of the periods described in paragraphs (1)  
22      through (4), and a description of the causes for such  
23      delay.

1   **TITLE IV—FULLY REFUNDABLE**  
2                   **CHILD TAX CREDIT**

3   **SEC. 4001. ESTABLISHMENT OF FULLY REFUNDABLE CHILD**  
4                   **TAX CREDIT.**

5           (a) ELIMINATION OF EXISTING CHILD TAX CRED-  
6   IT.—Subpart A of part IV of subchapter A of chapter 1  
7   of subtitle A of the Internal Revenue Code of 1986 is  
8   amended by striking section 24.

9           (b) ESTABLISHMENT OF FULLY REFUNDABLE  
10   CHILD TAX CREDIT.—Subpart C of part IV of subchapter  
11   A of chapter 1 of subtitle A of such Code is amended by  
12   inserting after section 36B the following new section:

13   **“SEC. 36C. CHILD TAX CREDIT.**

14           “(a) ALLOWANCE OF CREDIT.—In the case of an eli-  
15   gible individual, there shall be allowed as a credit against  
16   the tax imposed by this chapter for the taxable year an  
17   amount equal to the sum of—

18                   “(1) with respect to each qualifying child of the  
19           taxpayer who has attained 6 years of age before the  
20           close of such taxable year and for which the tax-  
21           payer is allowed a deduction under section 151, an  
22           amount equal to \$3,000, and

23                   “(2) with respect to each qualifying child of the  
24           taxpayer who has not attained 6 years of age before  
25           the close of such taxable year and for which the tax-

1 payer is allowed a deduction under section 151, an  
2 amount equal to 120 percent of the dollar amount  
3 in paragraph (1).

4 “(b) LIMITATION.—

5 “(1) IN GENERAL.—The amount of the credit  
6 allowable under subsection (a) shall be reduced (but  
7 not below zero) by the applicable amount for each  
8 \$1,000 (or fraction thereof) by which the taxpayer’s  
9 modified adjusted gross income exceeds the thresh-  
10 old amount. For purposes of the preceding sentence,  
11 the term ‘modified adjusted gross income’ means ad-  
12 justed gross income increased by any amount ex-  
13 cluded from gross income under section 911, 931, or  
14 933.

15 “(2) THRESHOLD AMOUNT.—

16 “(A) IN GENERAL.—For purposes of para-  
17 graph (1), the term ‘threshold amount’  
18 means—

19 “(i) \$180,000 in the case of a joint  
20 return,

21 “(ii) \$130,000 in the case of an indi-  
22 vidual who is not married, and

23 “(iii) \$90,000 in the case of a married  
24 individual filing a separate return.

1           “(B) MARITAL STATUS.—For purposes of  
2           this paragraph, marital status shall be deter-  
3           mined under section 7703.

4           “(3) APPLICABLE AMOUNT.—For purposes of  
5           paragraph (1), the term ‘applicable amount’ means  
6           an amount equal to the quotient of—

7                   “(A) the amount of the credit allowable  
8                   under subsection (a), as determined without re-  
9                   gard to this subsection, divided by

10                   “(B) an amount equal to the product of—

11                           “(i) \$20, multiplied by

12                           “(ii) the total number of qualifying  
13                   children of the taxpayer.

14           “(c) QUALIFYING CHILD.—For purposes of this sec-  
15           tion—

16                   “(1) IN GENERAL.—The term ‘qualifying child’  
17                   means a qualifying child of the taxpayer (as defined  
18                   in section 152(c)) who has not attained 18 years of  
19                   age.

20                   “(2) EXCEPTION FOR CERTAIN NON-CITI-  
21                   ZENS.—The term ‘qualifying child’ shall not include  
22                   any individual who would not be a dependent if sub-  
23                   paragraph (A) of section 152(b)(3) were applied  
24                   without regard to all that follows ‘resident of the  
25                   United States’.

1       “(d) ELIGIBLE INDIVIDUAL.—For purposes of this  
2 section, the term ‘eligible individual’ means, with respect  
3 to any taxable year, any individual if such individual’s  
4 principal place of abode is in the United States (as deter-  
5 mined under section 32(c)(4)) for more than one-half of  
6 such taxable year.

7       “(e) INFLATION ADJUSTMENT.—

8               “(1) IN GENERAL.—In the case of any taxable  
9 year beginning after 2022, the \$3,000 amount in  
10 subsection (a)(1) shall be increased by an amount  
11 equal to—

12                       “(A) such dollar amount, multiplied by

13                       “(B) the cost-of-living adjustment deter-  
14 mined under paragraph (2) for the calendar  
15 year in which the taxable year begins.

16       “(2) COST-OF-LIVING ADJUSTMENT.—For pur-  
17 poses of paragraph (1), the cost-of-living adjustment  
18 for any calendar year is the percentage (if any) by  
19 which—

20                       “(A) the CPI for the preceding calendar  
21 year (as determined pursuant to section  
22 1(f)(4)), exceeds

23                       “(B) the CPI for calendar year 2021.

24       “(3) ROUNDING.—If any increase determined  
25 under paragraph (1) is not a multiple of \$50, such

1       increase shall be rounded to the nearest multiple of  
2       \$50.

3       “(f) PARTIAL NON-REFUNDABLE CREDIT ALLOWED  
4 FOR CERTAIN OTHER DEPENDENTS.—

5           “(1) IN GENERAL.—In the case of a taxable  
6       year beginning after December 31, 2021, and before  
7       January 1, 2026, the aggregate credits allowed to a  
8       taxpayer under subpart A shall be increased by \$500  
9       for each dependent of the taxpayer (as defined in  
10      section 152) other than a qualifying child described  
11      in subsection (c). The amount of the credit allowed  
12      under this subsection shall not be treated as a credit  
13      allowed under this subpart.

14          “(2) EXCEPTION FOR CERTAIN NONCITIZENS.—  
15      Paragraph (1) shall not apply with respect to any  
16      individual who would not be a dependent if subpara-  
17      graph (A) of section 152(b)(3) were applied without  
18      regard to all that follows ‘resident of the United  
19      States’.

20          “(3) LIMITATION.—

21           “(A) IN GENERAL.—The amount of the  
22      credit allowable under paragraph (1) shall be  
23      reduced (but not below zero) by \$50 for each  
24      \$1,000 (or fraction thereof) by which the tax-

1 payer's modified adjusted gross income exceeds  
2 the threshold amount.

3 “(B) MODIFIED ADJUSTED GROSS IN-  
4 COME.—For purposes of subparagraph (A), the  
5 term ‘modified adjusted gross income’ means  
6 adjusted gross income increased by any amount  
7 excluded from gross income under section 911,  
8 931, or 933.

9 “(C) THRESHOLD AMOUNT.—

10 “(i) IN GENERAL.—For purposes of  
11 subparagraph (A), the term ‘threshold  
12 amount’ means—

13 “(I) \$200,000 in the case of a  
14 joint return,

15 “(II) \$150,000 in the case of an  
16 individual who is not married, and

17 “(III) \$100,000 in the case of a  
18 married individual filing a separate  
19 return.

20 “(ii) MARITAL STATUS.—For pur-  
21 poses of this subparagraph, marital status  
22 shall be determined under section 7703.

23 “(g) IDENTIFICATION REQUIREMENTS.—

24 “(1) QUALIFYING CHILD AND DEPENDENT  
25 IDENTIFICATION REQUIREMENT.—No credit shall be

1       allowed under this section to a taxpayer with respect  
2       to any qualifying child or dependent unless the tax-  
3       payer includes the name and taxpayer identification  
4       number of such qualifying child or dependent on the  
5       return of tax for the taxable year and such taxpayer  
6       identification number was issued on or before the  
7       due date for filing such return.

8               “(2) TAXPAYER IDENTIFICATION REQUIRE-  
9       MENT.—No credit shall be allowed under this section  
10      if the taxpayer identification number of the taxpayer  
11      was issued after the due date for filing the return  
12      for the taxable year.

13           “(h) TAXABLE YEAR MUST BE FULL TAXABLE  
14   YEAR.—Except in the case of a taxable year closed by rea-  
15   son of the death of the taxpayer, no credit shall be allow-  
16   able under this section in the case of a taxable year cov-  
17   ering a period of less than 12 months.

18           “(i) RESTRICTIONS ON TAXPAYERS WHO IMPROP-  
19   ERLY CLAIMED CREDIT IN PRIOR YEAR.—

20               “(1) TAXPAYERS MAKING PRIOR FRAUDULENT  
21      OR RECKLESS CLAIMS.—

22                   “(A) IN GENERAL.—No credit shall be al-  
23                   lowed under this section for any taxable year in  
24                   the disallowance period.



1           “(B) DISALLOWANCE PERIOD.—For pur-  
2           poses of subparagraph (A), the disallowance pe-  
3           riod is—

4                   “(i) the period of 10 taxable years  
5                   after the most recent taxable year for  
6                   which there was a final determination that  
7                   the taxpayer’s claim of credit under this  
8                   section was due to fraud, and

9                   “(ii) the period of 2 taxable years  
10                  after the most recent taxable year for  
11                  which there was a final determination that  
12                  the taxpayer’s claim of credit under this  
13                  section was due to reckless or intentional  
14                  disregard of rules and regulations (but not  
15                  due to fraud).

16           “(2) TAXPAYERS MAKING IMPROPER PRIOR  
17           CLAIMS.—In the case of a taxpayer who is denied  
18           credit under this section for any taxable year as a  
19           result of the deficiency procedures under subchapter  
20           B of chapter 63, no credit shall be allowed under  
21           this section for any subsequent taxable year unless  
22           the taxpayer provides such information as the Sec-  
23           retary may require to demonstrate eligibility for  
24           such credit.

1       “(j) RECONCILIATION OF CREDIT AND ADVANCE  
2 CREDIT.—

3           “(1) IN GENERAL.—The amount of the credit  
4       allowed under this section to any taxpayer for any  
5       taxable year shall be reduced (but not below zero) by  
6       the aggregate amount of payments made under sec-  
7       tion 7527A to such taxpayer during such taxable  
8       year.

9           “(2) EXCESS ADVANCE PAYMENTS.—If the ag-  
10       gregate amount of payments under section 7527A to  
11       the taxpayer during the taxable year exceeds the  
12       amount of the credit allowed under this section to  
13       such taxpayer for such taxable year (determined  
14       without regard to paragraph (1)), the tax imposed  
15       by this chapter for such taxable year shall be in-  
16       creased by the amount of such excess.”.

17       (c) ADVANCE PAYMENT OF CREDIT.—Section 7527A  
18 of such Code is amended to read as follows:

19       **“SEC. 7527A. ADVANCE PAYMENT OF CHILD TAX CREDIT.**

20           “(a) IN GENERAL.—As soon as practicable after the  
21       date of the enactment of this section, the Secretary shall  
22       establish a program for making monthly payments to tax-  
23       payers which, in the aggregate during any calendar year,  
24       equal the annual advance amount determined with respect  
25       to such taxpayer for such calendar year.

1       “(b) ANNUAL ADVANCE AMOUNT.—For purposes of  
2 this section—

3           “(1) IN GENERAL.—Except as otherwise pro-  
4 vided in this subsection, the term ‘annual advance  
5 amount’ means, with respect to any taxpayer for any  
6 calendar year, the amount of the credit which would  
7 be allowed to such taxpayer under section 36C(a)  
8 (determined without regard to subsection (j) thereof)  
9 for the taxpayer’s taxable year beginning in such  
10 calendar year if—

11           “(A) the taxpayer’s modified adjusted  
12 gross income for such taxable year were equal  
13 to the taxpayer’s modified adjusted gross in-  
14 come for the reference taxable year,

15           “(B) the only qualifying children of such  
16 taxpayer are qualifying children properly  
17 claimed on the taxpayer’s return of tax for the  
18 reference taxable year, and

19           “(C) the age of such qualifying children is  
20 determined for such taxable year by taking into  
21 account the passage of time since the reference  
22 taxable year.

23           “(2) REFERENCE TAXABLE YEAR.—Except as  
24 provided in paragraph (3)(A), the term ‘reference  
25 taxable year’ means, with respect to any taxpayer

1       for any calendar year, the taxpayer's taxable year  
2       beginning in the preceding calendar year or, in the  
3       case of taxpayer who did not file a return of tax for  
4       such taxable year, the taxpayer's taxable year begin-  
5       ning in the second preceding calendar year.

6           “(3)   MODIFICATIONS   DURING   CALENDAR  
7       YEAR.—The Secretary may modify, during any cal-  
8       endar year, the annual advance amount with respect  
9       to any taxpayer for such calendar year to take into  
10      account—

11           “(A) a return of tax filed by such taxpayer  
12           during such calendar year (and the taxable year  
13           to which such return relates may be taken into  
14           account as the reference taxable year), and

15           “(B) any other information provided by  
16           the taxpayer to the Secretary which allows the  
17           Secretary to determine payments under sub-  
18           section (a) which, in the aggregate during any  
19           taxable year of the taxpayer, more closely total  
20           the Secretary's best estimate of the credit al-  
21           lowed to the taxpayer under section 36C(a) (de-  
22           termined without regard to subsection (i) there-  
23           of) for such taxable year.

1       “(c) ON-LINE INFORMATION PORTAL.—The Sec-  
2 retary shall establish an on-line portal which allows tax-  
3 payers to—

4               “(1) elect not to receive payments under this  
5 section, and

6               “(2) provide information to the Secretary which  
7 would be relevant to a modification under subsection  
8 (b)(3)(B) of the annual advance amount, including  
9 information regarding—

10                   “(A) a change in the number of the tax-  
11 payer’s qualifying children, including by reason  
12 of the birth of a child,

13                   “(B) a change in the taxpayer’s marital  
14 status,

15                   “(C) a significant change in the taxpayer’s  
16 modified adjusted gross income, and

17                   “(D) any other factor which the Secretary  
18 may provide.

19       “(d) NOTICE OF PAYMENTS.—Not later than Janu-  
20 ary 31 of the calendar year following any calendar year  
21 during which the Secretary makes one or more payments  
22 to any taxpayer under this section, the Secretary shall pro-  
23 vide such taxpayer with a written notice which includes  
24 the taxpayer’s taxpayer identity (as defined in section  
25 6103(b)(6)), the aggregate amount of such payments

1 made to such taxpayer during such calendar year, and  
 2 such other information as the Secretary determines appro-  
 3 priate.

4 “(e) AUTHORITY TO ADJUST INTERVAL OF PAY-  
 5 MENTS.—If the Secretary determines that it is not admin-  
 6 istratively feasible to make monthly payments under this  
 7 section, such payments shall be made on the basis of the  
 8 shortest interval which the Secretary determines is admin-  
 9 istratively feasible.”.

10 (d) CONFORMING AMENDMENTS.—

11 (1) The table of sections for subpart A of part  
 12 IV of subchapter A of chapter 1 of subtitle A of the  
 13 Internal Revenue Code of 1986 is amended by strik-  
 14 ing the item relating to section 24.

15 (2) The table of sections for subpart C of part  
 16 IV of subchapter A of chapter 1 of subtitle A of  
 17 such Code is amended by inserting after the item re-  
 18 lating to section 36B the following:

“Sec. 36C. Child tax credit.”.

19 (3) Subparagraph (B) of section 45R(f)(3) of  
 20 such Code is amended to read as follows:

21 “(B) SPECIAL RULE.—Any amounts paid  
 22 pursuant to an agreement under section 3121(l)  
 23 (relating to agreements entered into by Amer-  
 24 ican employers with respect to foreign affiliates)  
 25 which are equivalent to the taxes referred to in

1           subparagraph (A) shall be treated as taxes re-  
2           ferred to in such subparagraph.”.

3           (4) Section 152(f)(6)(B)(ii) of such Code is  
4           amended by striking “section 24” and inserting  
5           “section 36C”.

6           (5) Paragraph (26) of section 501(c) of such  
7           Code is amended in the flush matter at the end by  
8           striking “section 24(c))” and inserting “section  
9           36C(c))”.

10          (6) Section 6211(b)(4)(A) of such Code is  
11          amended—

12                 (A) by striking “24(d),”; and

13                 (B) by inserting “36C(a),” after “36B,”.

14          (7) Section 6213(g)(2) of such Code is amend-  
15          ed—

16                 (A) in subparagraph (I), by striking “sec-  
17                 tion 24(e)” and inserting “section 36C(g)”; and

18                 (B) in subparagraph (L), by striking “24,  
19                 or 32” and inserting “32, or 36C”.

20          (8) Paragraph (2) of section 1324(b) of title  
21          31, United States Code, is amended by inserting  
22          “36C,” after “36B,”.

23          (e) EFFECTIVE DATE.—The amendments made by  
24          this section shall apply to taxable years beginning after  
25          December 31, 2021.

1 **SEC. 4002. PAYMENTS TO POSSESSIONS.**

2 (a) MIRROR CODE POSSESSION.—The Secretary of  
3 the Treasury shall pay to each possession of the United  
4 States with a mirror code tax system amounts equal to  
5 the loss to that possession by reason of the application  
6 of section 36C of the Internal Revenue Code of 1986 (as  
7 added by section 4001) with respect to taxable years be-  
8 ginning after 2020. Such amounts shall be determined by  
9 the Secretary of the Treasury based on information pro-  
10 vided by the government of the respective possession.

11 (b) OTHER POSSESSIONS.—The Secretary of the  
12 Treasury shall pay to each possession of the United States  
13 which does not have a mirror code tax system amounts  
14 estimated by the Secretary of the Treasury as being equal  
15 to the aggregate benefits that would have been provided  
16 to residents of such possession by reason of the application  
17 of section 36C of such Code (as so added) for taxable  
18 years beginning after 2021 if a mirror code tax system  
19 had been in effect in such possession. The preceding sen-  
20 tence shall not apply with respect to any possession of the  
21 United States unless such possession has a plan, which  
22 has been approved by the Secretary of the Treasury, under  
23 which such possession will promptly distribute such pay-  
24 ments to the residents of such possession.

25 (c) COORDINATION WITH CREDIT ALLOWED  
26 AGAINST UNITED STATES INCOME TAXES.—No credit



1 shall be allowed against United States income taxes for  
2 any taxable year under section 36C of the Internal Rev-  
3 enue Code of 1986 (as so added) to any person—

4 (1) to whom a credit is allowed against taxes  
5 imposed by the possession by reason of the amend-  
6 ments made by this section for such taxable year; or

7 (2) who is eligible for a payment under a plan  
8 described in subsection (b) with respect to such tax-  
9 able year.

10 (d) DEFINITIONS AND SPECIAL RULES.—

11 (1) POSSESSION OF THE UNITED STATES.—For  
12 purposes of this section, the term “possession of the  
13 United States” includes the Commonwealth of Puer-  
14 to Rico and the Commonwealth of the Northern  
15 Mariana Islands.

16 (2) MIRROR CODE TAX SYSTEM.—For purposes  
17 of this section, the term “mirror code tax system”  
18 means, with respect to any possession of the United  
19 States, the income tax system of such possession if  
20 the income tax liability of the residents of such pos-  
21 session under such system is determined by ref-  
22 erence to the income tax laws of the United States  
23 as if such possession were the United States.

24 (3) TREATMENT OF PAYMENTS.—For purposes  
25 of section 1324(b)(2) of title 31, United States

Code, the payments under this section shall be treated in the same manner as a refund due from the credit allowed under section 36C of the Internal Revenue Code of 1986.

## **TITLE V—CHILD CARE IS INFRASTRUCTURE**

### **SEC. 5001. INFRASTRUCTURE GRANTS TO IMPROVE CHILD CARE SAFETY.**

(a) IN GENERAL.—Part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.) is amended by inserting after section 418 the following:

#### **“SEC. 418A. INFRASTRUCTURE GRANTS TO IMPROVE CHILD CARE SAFETY.**

“(a) SHORT TITLE.—This section may be cited as the ‘Infrastructure Grants To Improve Child Care Safety Act’.

“(b) NEEDS ASSESSMENTS.—

“(1) IMMEDIATE NEEDS ASSESSMENT.—

“(A) IN GENERAL.—The Secretary shall conduct an immediate needs assessment of the condition of child care facilities throughout the United States (with priority given to child care facilities that receive Federal funds), that—

“(i) determines the extent to which the COVID–19 pandemic has created immediate infrastructure needs, including in-

1            frastructure-related health and safety  
2            needs, which must be addressed for child  
3            care facilities to operate in compliance with  
4            public health guidelines;

5            “(ii) considers the effects of the pan-  
6            demic on a variety of child care centers, in-  
7            cluding home-based centers; and

8            “(iii) considers how the pandemic has  
9            impacted specific metrics, such as—

10           “(I) capacity;

11           “(II) investments in infrastruc-  
12           ture changes;

13           “(III) the types of infrastructure  
14           changes centers need to implement  
15           and their associated costs;

16           “(IV) the price of tuition; and

17           “(V) any changes or anticipated  
18           changes in the number and demo-  
19           graphic of children attending.

20           “(B) TIMING.—The immediate needs as-  
21           sessment should occur simultaneously with the  
22           first grant-making cycle under subsection (c).

23           “(C) REPORT.—Not later than 1 year  
24           after the date of the enactment of this section,  
25           the Secretary shall submit to the Congress a re-

1 port containing the result of the needs assess-  
2 ment conducted under subparagraph (A), and  
3 make the assessment publicly available.

4 “(2) LONG-TERM NEEDS ASSESSMENT.—

5 “(A) IN GENERAL.—The Secretary shall  
6 conduct a long-term assessment of the condition  
7 of child care facilities throughout the United  
8 States (with priority given to child care facili-  
9 ties that receive Federal funds). The assess-  
10 ment may be conducted through representative  
11 random sampling.

12 “(B) REPORT.—Not later than 4 years  
13 after the date of the enactment of this section,  
14 the Secretary shall submit to the Congress a re-  
15 port containing the results of the needs assess-  
16 ment conducted under subparagraph (A), and  
17 make the assessment publicly available.

18 “(c) CHILD CARE FACILITIES GRANTS.—

19 “(1) GRANTS TO STATES.—

20 “(A) IN GENERAL.—The Secretary may  
21 award grants to States for the purpose of ac-  
22 quiring, constructing, renovating, or improving  
23 child care facilities, including adapting, re-  
24 configuring, or expanding facilities to respond  
25 to the COVID–19 pandemic.

1           “(B) PRIORITIZED FACILITIES.—The Sec-  
2           retary may not award a grant to a State under  
3           subparagraph (A) unless the State involved  
4           agrees, with respect to the use of grant funds,  
5           to prioritize—

6                   “(i) child care facilities primarily serv-  
7                   ing low-income populations;

8                   “(ii) child care facilities primarily  
9                   serving children who have not attained the  
10                  age of 5 years;

11                  “(iii) child care facilities that made  
12                  maximum health and safety modifications  
13                  to account for the impact of the COVID-  
14                  19 pandemic;

15                  “(iv) child care facilities that operate  
16                  under nontraditional hours; and

17                  “(v) child care facilities located in  
18                  rural or underserved communities.

19           “(C) DURATION OF GRANTS.—A grant  
20           under this subsection shall be awarded for a pe-  
21           riod of not more than 5 years.

22           “(D) APPLICATION.—To seek a grant  
23           under this subsection, a State shall submit to  
24           the Secretary an application at such time, in  
25           such manner, and containing such information

1 as the Secretary may require, which informa-  
2 tion shall—

3 “(i) be disaggregated as the Secretary  
4 may require; and

5 “(ii) include a plan to use a portion of  
6 the grant funds to report back to the Sec-  
7 retary on the impact of using the grant  
8 funds to improve child care facilities.

9 “(E) PRIORITY.—In selecting States for  
10 grants under this subsection, the Secretary  
11 shall prioritize States that—

12 “(i) plan to improve center-based and  
13 home-based child care programs, which  
14 may include a combination of child care  
15 and early Head Start or Head Start pro-  
16 grams;

17 “(ii) aim to meet specific needs across  
18 urban, suburban, or rural areas as deter-  
19 mined by the State; and

20 “(iii) show evidence of collaboration  
21 with—

22 “(I) local government officials;

23 “(II) other State agencies;

24 “(III) nongovernmental organiza-  
25 tions, such as—

1           “(aa) organizations within  
2 the philanthropic community;

3           “(bb) certified community  
4 development financial institu-  
5 tions, as defined in section 103  
6 of the Community Development  
7 Banking and Financial Institu-  
8 tions Act of 1994 (12 U.S.C.  
9 4702); and

10          “(cc) organizations that  
11 have demonstrated experience  
12 in—

13           “(AA) providing tech-  
14 nical or financial assistance  
15 for the acquisition, construc-  
16 tion, renovation, or improve-  
17 ment of child care facilities;

18           “(BB) providing tech-  
19 nical, financial, or manage-  
20 rial assistance to child care  
21 providers; and

22           “(CC) securing private  
23 sources of capital financing  
24 for child care facilities or

1 other low-income community  
2 development projects; and

3 “(IV) local community organiza-  
4 tions, such as—

5 “(aa) child care providers;

6 “(bb) community care agen-  
7 cies;

8 “(cc) resource and referral  
9 agencies; and

10 “(dd) unions.

11 “(F) CONSIDERATION.—In selecting States  
12 for grants under this subsection, the Secretary  
13 shall consider—

14 “(i) whether the applicant—

15 “(I) has or is developing a plan  
16 to address child care facility needs;  
17 and

18 “(II) demonstrates the capacity  
19 to execute such a plan; and

20 “(ii) after the date the report required  
21 by subsection (b)(1)(C) is submitted to the  
22 Congress, the needs of the applicants  
23 based on the results of the assessment.

24 “(G) DIVERSITY OF AWARDS.—In award-  
25 ing grants under this section, the Secretary



1 shall give equal consideration to States with  
2 varying capacities under subparagraph (F).

3 “(H) MATCHING REQUIREMENT.—

4 “(i) IN GENERAL.—As a condition for  
5 the receipt of a grant under subparagraph  
6 (A), a State that is not an Indian tribe  
7 shall agree to make available (directly or  
8 through donations from public or private  
9 entities) contributions with respect to the  
10 cost of the activities to be carried out pur-  
11 suant to subparagraph (A), which may be  
12 provided in cash or in kind, in an amount  
13 equal to 10 percent of the funds provided  
14 through the grant.

15 “(ii) DETERMINATION OF AMOUNT  
16 CONTRIBUTED.—Contributions required by  
17 clause (i) may include—

18 “(I) amounts provided by the  
19 Federal Government, or services as-  
20 sisted or subsidized to any significant  
21 extent by the Federal Government; or

22 “(II) philanthropic or private-sec-  
23 tor funds.

24 “(I) REPORT.—Not later than 6 months  
25 after the last day of the grant period, a State

1 receiving a grant under this paragraph shall  
2 submit a report to the Secretary as described in  
3 subparagraph (D)—

4 “(i) to determine the effects of the  
5 grant in constructing, renovating, or im-  
6 proving child care facilities, including any  
7 changes in response to the COVID–19  
8 pandemic and any effects on access to and  
9 quality of child care; and

10 “(ii) to provide such other information  
11 as the Secretary may require.

12 “(J) AMOUNT LIMIT.—The annual amount  
13 of a grant under this paragraph may not exceed  
14 \$35,000,000.

15 “(2) GRANTS TO INTERMEDIARY ORGANIZA-  
16 TIONS.—

17 “(A) IN GENERAL.—The Secretary may  
18 award grants to intermediary organizations,  
19 such as certified community development finan-  
20 cial institutions, tribal organizations, or other  
21 organizations with demonstrated experience in  
22 child care facilities financing, for the purpose of  
23 providing technical assistance, capacity build-  
24 ing, and financial products to develop or finance  
25 child care facilities.

1           “(B) APPLICATION.—A grant under this  
2 paragraph may be made only to intermediary  
3 organizations that submit to the Secretary an  
4 application at such time, in such manner, and  
5 containing such information as the Secretary  
6 may require.

7           “(C) PRIORITY.—In selecting intermediary  
8 organizations for grants under this subsection,  
9 the Secretary shall prioritize intermediary orga-  
10 nizations that—

11           “(i) demonstrate experience in child  
12 care facility financing or related commu-  
13 nity facility financing;

14           “(ii) demonstrate the capacity to as-  
15 sist States and local governments in devel-  
16 oping child care facilities and programs;

17           “(iii) demonstrate the ability to lever-  
18 age grant funding to support financing  
19 tools to build the capacity of child care  
20 providers, such as through credit enhance-  
21 ments;

22           “(iv) propose to focus on child care  
23 facilities that operate under nontraditional  
24 hours;

1 “(v) propose to meet a diversity of  
2 needs across States and across urban, sub-  
3 urban, and rural areas at varying types of  
4 center-based, home-based, and other child  
5 care settings, including early care pro-  
6 grams located in freestanding buildings or  
7 in mixed-use properties; and

8 “(vi) propose to focus on child care  
9 facilities primarily serving low-income pop-  
10 ulations and children who have not at-  
11 tained the age of 5 years.

12 “(D) AMOUNT LIMIT.—The amount of a  
13 grant under this paragraph may not exceed  
14 \$10,000,000.

15 “(3) REPORT.—Not later than the end of fiscal  
16 year 2027, the Secretary shall submit to the Con-  
17 gress a report on the effects of the grants provided  
18 under this subsection, and make the report pub-  
19 lically accessible.

20 “(d) LABOR STANDARDS FOR ALL GRANTS.—The  
21 Secretary shall require that each entity, including grantees  
22 and subgrantees, that applies for an infrastructure grant  
23 for constructing, renovating, or improving child care facili-  
24 ties, including adapting, reconfiguring, or expanding such  
25 facilities, which is funded in whole or in part under this

1 section, shall include in its application written assurance  
2 that all laborers and mechanics employed by contractors  
3 or subcontractors in the performance of construction, al-  
4 ternation or repair, as part of such project, shall be paid  
5 wages at rates not less than those prevailing on similar  
6 work in the locality as determined by the Secretary of  
7 Labor in accordance with subchapter IV of chapter 31 of  
8 title 40, United States Code (commonly referred to as the  
9 ‘Davis-Bacon Act’), and with respect to the labor stand-  
10 ards specified in this subsection, the Secretary of Labor  
11 shall have the authority and functions set forth in Reorga-  
12 nization Plan Numbered 14 of 1950 (15 Fed. Reg. 3176;  
13 5 U.S.C. App.).

14 “(e) LIMITATIONS ON AUTHORIZATION OF APPRO-  
15 PRIATIONS.—

16 “(1) IN GENERAL.—To carry out this section,  
17 there is authorized to be appropriated  
18 \$10,000,000,000 for fiscal year 2023, which shall  
19 remain available through fiscal year 2027.

20 “(2) RESERVATIONS OF FUNDS.—

21 “(A) INDIAN TRIBES.—The Secretary shall  
22 reserve 3 percent of the total amount made  
23 available to carry out this section, for payments  
24 to Indian tribes.

1           “(B) TERRITORIES.—The Secretary shall  
2           reserve 3 percent of the total amount made  
3           available to carry out this section, for payments  
4           to territories.

5           “(3) GRANTS FOR INTERMEDIARY ORGANIZA-  
6           TIONS.—Not less than 10 percent and not more  
7           than 15 percent of the total amount made available  
8           to carry out this section may be used to carry out  
9           subsection (c)(2).

10          “(4) LIMITATION ON USE OF FUNDS FOR  
11          NEEDS ASSESSMENTS.—Not more than \$5,000,000  
12          of the amounts made available to carry out this sec-  
13          tion may be used to carry out subsection (b).

14          “(f) DEFINITION OF STATE.—In this section, the  
15          term ‘State’ has the meaning provided in section 419, ex-  
16          cept that it includes the Commonwealth of the Northern  
17          Mariana Islands and any Indian tribe.”.

18          (b) EXEMPTION OF TERRITORY GRANTS FROM LIMI-  
19          TATION ON TOTAL PAYMENTS TO THE TERRITORIES.—  
20          Section 1108(a)(2) of such Act (42 U.S.C. 1308(a)(2))  
21          is amended by inserting “418A(c),” after “413(f),”.

1 **SEC. 5002. EARLY CHILDHOOD EDUCATOR LOAN ASSIST-**  
2 **ANCE PROGRAM.**

3 Part Q of title III of the Public Health Service Act  
4 (42 U.S.C. 280h) is amended by adding at the end the  
5 following:

6 **“SEC. 399Z-3. EARLY CHILDHOOD EDUCATOR LOAN ASSIST-**  
7 **ANCE PROGRAM.**

8 “(a) **AUTHORITY.**—The Secretary may carry out a  
9 program of entering into contracts with eligible early  
10 childhood educators under which such educators agree to  
11 serve for a period of 5 years as early childhood educators  
12 with a qualified employer, in consideration of the Federal  
13 Government agreeing to repay, for each year of such serv-  
14 ice, not more than \$6,000 of the principal and interest  
15 of the educational loans of such educators.

16 “(b) **RECERTIFICATION.**—An eligible early childhood  
17 educator seeking to continue to receive payments under  
18 this section shall submit on an annual basis to the Sec-  
19 retary such information as the Secretary may require to  
20 certify that the educator is continuing to meet the criteria  
21 to be considered an eligible educator.

22 “(c) **MAXIMUM AMOUNT OF LOAN.**—The total  
23 amount of payments received by an eligible early childhood  
24 educator under this section may not exceed the total  
25 amount of the principal and interest of the educational  
26 loans of such educator.

1       “(d) APPLICABILITY OF CERTAIN PROVISIONS.—The  
2 following provisions of the National Health Service Corps  
3 Loan Assistance Program established in subpart III of  
4 part D shall apply to the program established under this  
5 section in the same manner and to the same extent as  
6 such provisions apply to the National Health Service  
7 Corps Loan Assistance Program:

8           “(1) Paragraphs (1) through (3) of section  
9 338B(c) (relating to application information, under-  
10 standability, and availability).

11          “(2) Section 338B(c)(4) (relating to recruit-  
12 ment and retention).

13          “(3) Section 338B(d) (relating to factors con-  
14 sidered in providing contracts).

15          “(4) Section 338(e) (relating to the approval re-  
16 quired for participation).

17          “(5) Section 338B(f) (relating to contents of  
18 contracts).

19          “(6) Section 338B(g) (relating to payments, in-  
20 cluding repayment schedule and tax liability).

21       “(e) REPORT TO CONGRESS.—Not later than 5 years  
22 after the date of the enactment of this section, the Sec-  
23 retary shall submit to Congress a report on the implemen-  
24 tation of this section.

25       “(f) DEFINITIONS.—In this section:



1           “(1) The term ‘eligible early childhood educa-  
2       tor’ means an individual that—

3           “(A) as of the date on which the agree-  
4       ment referred to in subsection (a)(1) is entered  
5       into—

6           “(i) has outstanding Federal direct  
7       loans obtained for purposes of pursuing an  
8       associate’s degree, a 4-year bachelor’s de-  
9       gree, a graduate degree, or a combined  
10      bachelor and master’s degree, in early  
11      childhood education or a related field from  
12      an accredited institution (including any  
13      such loan for which the individual is en-  
14      rolled in an income-based repayment plan);  
15      and

16          “(ii) is in good standing with respect  
17      to the loans referred to in clause (i); and  
18      “(B) agrees to—

19          “(i) serve as an early childhood educa-  
20      tor with a qualified employer for a period  
21      of not less than 5 years; and

22          “(ii) make timely payments with re-  
23      spect to the loans described in subpara-  
24      graph (A)(i).

1           “(2) The term ‘qualified employer’ means a  
2       childcare provider that receives or is eligible to re-  
3       ceive vouchers or assistance under the Child Care  
4       and Development Block Grant Act of 1990.

5       “(g) AUTHORIZATION OF APPROPRIATIONS.—There  
6       are authorized to be appropriated to carry out this section  
7       \$25,000,000 for each of fiscal years 2023 through 2028.”.

8       **SEC. 5003. GRANTS FOR EARLY CHILDHOOD EDUCATORS.**

9       (a) IN GENERAL.—Beginning not later than 180  
10      days after the date of the enactment of this Act, the Sec-  
11      retary of Education (referred to in this section as the  
12      “Secretary”) shall carry out a program under which the  
13      Secretary makes payments to institutions of higher edu-  
14      cation with a qualified early childhood educator program  
15      to enable such institutions to make grants, on a competi-  
16      tive basis, to eligible individuals who file an application  
17      and agreement in accordance with subsections (b) and (c).

18      (b) APPLICATIONS.—

19           (1) IN GENERAL.—The Secretary shall periodi-  
20      cally set dates by which eligible individuals shall file  
21      applications for a grant under this section. Each eli-  
22      gible individual desiring a grant under this section  
23      shall file an application containing such information  
24      and assurances as the Secretary may determine nec-

1       essary to enable the Secretary to carry out the func-  
2       tions and responsibilities of this section.

3           (2) RENEWAL.—A grant awarded under this  
4       section may be renewed for additional one-year peri-  
5       ods if—

6           (A) the recipient submits a renewal appli-  
7       cation containing such information and assur-  
8       ances as the Secretary may determine nec-  
9       essary; and

10          (B) the grant is renewed not more than  
11       three times, for a total of not more than four  
12       academic years for each eligible recipient.

13       (c) SERVICE OBLIGATION.—

14           (1) AGREEMENTS TO SERVE.—Each application  
15       under subsection (b) shall include, or be accom-  
16       panied by—

17           (A) an agreement by the applicant that—

18           (i) in the event that the applicant re-  
19       ceives a grant under this section, the appli-  
20       cant shall—

21           (I) serve as a full-time or part-  
22       time educator in a licensed early  
23       learning program for a total of not  
24       less than one academic year, and four  
25       additional months for each subsequent

1 grant renewal, within two years after  
2 the date on which the period of time  
3 covered by the grant is completed; and

4 (II) submit a certification of em-  
5 ployment by the employing early  
6 learning program in such form as the  
7 Secretary may determine necessary;  
8 and

9 (ii) in the event that the applicant is  
10 determined to have failed or refused to  
11 carry out such service obligation, the sum  
12 of the amounts of any grants received by  
13 such applicant under this section will be  
14 treated as a loan and collected from the  
15 applicant in accordance with paragraph (3)  
16 and the regulations thereunder; and

17 (B) a plain-language disclosure form devel-  
18 oped by the Secretary that clearly describes the  
19 nature of the grant award, the service obliga-  
20 tion, and the loan repayment requirements that  
21 are the consequence of the failure to complete  
22 the service obligation.

23 (2) TREATMENT OF CONCURRENT SERVICE.—

24 An individual who serves as a full or part-time edu-  
25 cator in a licensed early childhood education pro-

1       gram concurrently while enrolled in a qualified early  
2       childhood educator program may count such service  
3       toward the fulfillment of the service obligation in the  
4       agreement under paragraph (1).

5           (3) REPAYMENT FOR FAILURE TO COMPLETE  
6       SERVICE.—Except as provided in paragraph (4), in  
7       the event that any recipient of a grant under this  
8       section fails or refuses to comply with the service ob-  
9       ligation in the agreement under paragraph (1), the  
10      sum of the amounts of any grants received by such  
11      recipient shall, upon a determination of such a fail-  
12      ure or refusal in such service obligation, be treated  
13      as a Federal Direct Unsubsidized Stafford Loan  
14      under part D of title IV of the Higher Education  
15      Act of 1965 (20 U.S.C. 1087a et seq.) except that—

16           (A) no interest shall accrue on such  
17      amounts; and

18           (B) such amounts shall be subject to re-  
19      payment in accordance with—

20           (i) an income-contingent or income-  
21      based repayment plan, if the individual  
22      meets the eligibility requirements for such  
23      a repayment plan; and

1                   (ii) such other terms and conditions  
2                   as are specified by the Secretary in regula-  
3                   tions promulgated under this section.

4           (4) HARDSHIP EXTENSION.—In the case of a  
5    recipient who has made a good faith effort to find  
6    employment in a licensed early learning program  
7    and has been unable to acquire such employment,  
8    the Secretary is authorized to provide a hardship ex-  
9    tension for a period of not more than one year to  
10   grant recipients who fail to complete their service re-  
11   quirement within a 2-year period.

12   (d) GRANT AMOUNT.—An eligible individual selected  
13   to receive a grant or a grant renewal under this section  
14   shall receive a grant in an amount not to exceed \$3,000  
15   for each academic year during which the individual is en-  
16   rolled on a full-time or part-time basis in the qualified  
17   early childhood educator program for which the grant was  
18   awarded.

19   (e) GRANT DISBURSEMENT.—Payments under this  
20   section shall be made in accordance with regulations pro-  
21   mulgated by the Secretary for such purpose and in such  
22   manner as will best accomplish the purposes of this sec-  
23   tion, provided—

24           (1) any disbursement made by crediting a grant  
25    recipient's account shall be limited to tuition and

1 fees and other materials necessary for the comple-  
2 tion of coursework as determined by the Secretary;  
3 and

4 (2) not less than 85 percent of any funds pro-  
5 vided to an eligible institution under subsection (a)  
6 shall be advanced to the eligible institution prior to  
7 the start of each payment period and shall be based  
8 upon an amount requested by the institution as  
9 needed to cover the total cost of grants awarded to  
10 eligible recipients until such time as the Secretary  
11 determines and publishes in the Federal Register  
12 with an opportunity for comment, an alternative  
13 payment system that provides payments to institu-  
14 tions in an accurate and timely manner, except that  
15 this sentence shall not be construed to limit the au-  
16 thority of the Secretary to place an institution on a  
17 reimbursement system of payment.

18 (f) DIRECT PAYMENT.—Nothing in this section shall  
19 be construed to prohibit the Secretary from making a  
20 grant directly to an eligible individual in a case in which  
21 an institution of higher education with a qualified early  
22 childhood educator program does not participate in the  
23 program under subsection (a).

24 (g) DEFINITIONS.—In this section:

1           (1) ELIGIBLE INDIVIDUAL.—The term “eligible  
2           individual” means an individual who is enrolled on  
3           a full-time or part-time basis in a qualified early  
4           childhood educator program.

5           (2) INSTITUTION OF HIGHER EDUCATION.—The  
6           term “institution of higher education” has the  
7           meaning given that term in section 102 of the High-  
8           er Education Act of 1965 (20 U.S.C. 1002).

9           (3) QUALIFIED EARLY CHILDHOOD EDUCATOR  
10          PROGRAM.—The term “qualified early childhood ed-  
11          ucator program” means a course of study leading to  
12          an associate’s degree or a certificate in early child-  
13          hood education or a related field from an institution  
14          of higher education.

15          (4) LICENSED EARLY LEARNING PROGRAM.—  
16          The term “licensed early learning program” means  
17          any State-licensed or State-regulated program or  
18          provider, regardless of setting or funding source,  
19          that provides early care and education for children  
20          from birth to kindergarten entry, including, but not  
21          limited to, programs operated by child care centers  
22          and in family child care homes.

23          (h) AUTHORIZATION OF APPROPRIATIONS.—



1           (1) IN GENERAL.—There are authorized to be  
2           appropriated to carry out this section \$10,000,000  
3           for each of fiscal years 2023 through 2027.

4           (2) LIMITATION.—Of the amount made avail-  
5           able under paragraph (1) in any fiscal year, not  
6           more than 3 percent may be used for evaluation,  
7           monitoring, salaries, and administrative expenses.

8   **SEC. 5004. CCAMPIS REAUTHORIZATION.**

9           Section 419N of the Higher Education Act of 1965  
10          (20 U.S.C. 1070e) is amended—

11                  (1) in subsection (b)—

12                          (A) in paragraph (2)—

13                                  (i) in subparagraph (A)—

14    (I) by striking “The amount”  
15    and inserting “Except as provided in  
16    subparagraph (C), the amount”; and

17    (II) by striking “1 percent” and  
18    inserting “2 percent”;

19                                  (ii) in subparagraph (B)(ii), by strik-  
20                                  ing “subsection (g)” and inserting “sub-  
21                                  section (h)”;

22                                  (iii) by adding at the end the fol-  
23                                  lowing:

24                                  “(C) PERFORMANCE BONUS.—

1           “(i) IN GENERAL.—Notwithstanding  
2           subparagraph (A), for any fiscal year for  
3           which the amount appropriated under sub-  
4           section (h) is not less than \$140,000,000,  
5           the Secretary may pay a performance  
6           bonus to an eligible institution of higher  
7           education.

8           “(ii) MAXIMUM AMOUNT.—A bonus  
9           paid to an eligible institution of higher  
10          education under clause (i) for a fiscal year  
11          shall not exceed an amount equal to 20  
12          percent of the amount of the annual grant  
13          payment received by the institution under  
14          paragraph (3)(B) for the fiscal year pre-  
15          ceding the fiscal year for which the bonus  
16          is paid.

17          “(iii) USE OF BONUS.—A bonus re-  
18          ceived by an institution under clause (i)  
19          shall be used by the institution in the same  
20          manner as a grant under this section and  
21          shall be treated as grant funds for pur-  
22          poses of the application of paragraph (5),  
23          except that the Secretary may extend the  
24          grant period as necessary for the institu-  
25          tion to use such bonus.

“(iv) ELIGIBLE INSTITUTION OF  
HIGHER EDUCATION.—In this subpara-  
graph, the term ‘eligible institution of  
higher education’ means an institution of  
higher education that—

“(I) has received a grant under  
this section for not less than the pe-  
riod of three consecutive fiscal years  
preceding the fiscal year in which the  
bonus is paid under clause (i);

“(II) for each such preceding fis-  
cal year, has met or exceeded the per-  
formance levels established by the in-  
stitution for such year under sub-  
section (e)(1)(B)(v); and

“(III) has demonstrated the need  
for such bonus.”; and

(B) in paragraph (3)—

(i) in subparagraph (A), by striking  
“4 years” and inserting “5 years”; and

(ii) in subparagraph (B), by striking  
“subsection (e)(2)” and inserting “sub-  
section (e)(3)”;

(2) by amending subsection (c) to read as fol-

lows:

1 “(c) APPLICATIONS.—

2 “(1) IN GENERAL.—An institution of higher  
3 education desiring a grant under this section shall  
4 submit an application to the Secretary at such time,  
5 in such manner, and accompanied by such informa-  
6 tion as the Secretary may require. Such application  
7 shall—

8 “(A) demonstrate that the institution is an  
9 eligible institution described in subsection  
10 (b)(4);

11 “(B) specify the amount of funds re-  
12 quested;

13 “(C) demonstrate the need of low-income  
14 students at the institution for campus-based  
15 child care services by including in the applica-  
16 tion—

17 “(i) information regarding student de-  
18 mographics, including whether the student  
19 is a full-time or part-time student;

20 “(ii) an assessment of child care ca-  
21 pacity on or near campus;

22 “(iii) information regarding the wait-  
23 ing lists for child care services on or near  
24 campus;

1                   “(iv) information regarding additional  
2                   needs created by concentrations of poverty  
3                   or by geographic isolation;

4                   “(v) information about the number of  
5                   low-income student parents being served  
6                   through campus-based child care services;  
7                   and

8                   “(vi) other relevant data;

9                   “(D) specify the estimated percentage of  
10                  the institution’s grant that will be used directly  
11                  to subsidize the fee charged for on-campus and  
12                  off-campus childcare, respectively, for low-in-  
13                  come students;

14                  “(E) contain a description of the activities  
15                  to be assisted, including whether the grant  
16                  funds will support an existing child care pro-  
17                  gram or a new child care program;

18                  “(F) identify the resources, including tech-  
19                  nical expertise and financial support, that the  
20                  institution will draw upon to support the child  
21                  care program and the participation of low-in-  
22                  come students in the program (such as access-  
23                  ing social services funding, using student activ-  
24                  ity fees to help pay the costs of child care,  
25                  using resources obtained by meeting the needs

1 of parents who are not low-income students,  
2 and accessing foundation, corporate, or other  
3 institutional support) and demonstrate that the  
4 use of the resources will not result in increases  
5 in student tuition;

6 “(G) contain an assurance that the institu-  
7 tion will meet the child care needs of low-in-  
8 come students through the provision of services,  
9 or through a contract for the provision of serv-  
10 ices;

11 “(H) describe the extent to which the child  
12 care program will coordinate with the institu-  
13 tion’s early childhood education curriculum, to  
14 the extent the curriculum is available, to meet  
15 the needs of the students in the early childhood  
16 education program at the institution, and the  
17 needs of the parents and children participating  
18 in the child care program assisted under this  
19 section;

20 “(I) in the case of an institution seeking  
21 assistance for a new child care program—

22 “(i) provide a timeline, covering the  
23 period from receipt of the grant through  
24 the provision of the child care services, de-  
25 lineating the specific steps the institution

1 will take to achieve the goal of providing  
2 low-income students with child care serv-  
3 ices;

4 “(ii) specify any measures the institu-  
5 tion will take to assist low-income students  
6 with child care during the period before  
7 the institution provides child care services;  
8 and

9 “(iii) include a plan for identifying re-  
10 sources needed for the child care services,  
11 including space in which to provide child  
12 care services, and technical assistance if  
13 necessary;

14 “(J) contain an assurance that any child  
15 care facility assisted under this section will  
16 meet the applicable State and local government  
17 licensing, certification, approval, or registration  
18 requirements;

19 “(K) in the case of an institution that is  
20 awarded a grant under this section after the  
21 date of the enactment of the PRO-LIFE Act of  
22 2022, provide an assurance that, not later than  
23 three years after the date on which such grant  
24 is awarded, any child care facility assisted with  
25 such grant will—

1 “(i) meet Head Start performance  
2 standards under subchapter B of chapter  
3 13 of title 45, Code of Federal Regulations  
4 (as in effect on the date of enactment of  
5 the PRO-LIFE Act of 2022) and any suc-  
6 cessor regulations;

7 “(ii) be in the top tier of the quality  
8 rating improvement system for such facili-  
9 ties used by the State in which the facility  
10 is located;

11 “(iii) meet the licensing requirements  
12 of the State in which the facility is located  
13 and the quality requirements under the  
14 Child Care and Development Block Grant  
15 Act of 1990 (42 U.S.C. 9858 et seq.); or

16 “(iv) be accredited by a national early  
17 childhood accrediting body with dem-  
18 onstrated valid and reliable program qual-  
19 ity standards;

20 “(L) contain an assurance that the institu-  
21 tion, when applicable, will make information  
22 available to students receiving child care serv-  
23 ices provided under this section about the eligi-  
24 bility of such students and their dependents for  
25 assistance under the supplemental nutrition as-



1           sistance program under the Food and Nutrition  
2           Act of 2008 (7 U.S.C. 2011 et seq.), the special  
3           supplemental nutrition program for women, in-  
4           fants, and children under the Child Nutrition  
5           Act of 1966 (42 U.S.C. 1786), and the pro-  
6           gram of block grants for States for temporary  
7           assistance for needy families established under  
8           part A of title IV of the Social Security Act (42  
9           U.S.C. 601 et seq.); and

10           “(M) contain an abstract summarizing the  
11           contents of such application and how the insti-  
12           tution intends to achieve the purpose under  
13           subsection (a).

14           “(2) TECHNICAL ASSISTANCE.—The Secretary  
15           may provide technical assistance to eligible institu-  
16           tions to help such institutions qualify, apply for, and  
17           maintain a grant under this section.”;

18           (3) in subsection (d)—

19           (A) in the matter preceding paragraph (1),  
20           by striking “to institutions of higher education  
21           that submit applications describing programs  
22           that”;

23           (B) by amending paragraph (1) to read as  
24           follows:

1           “(1) based on the extent to which institutions  
2           of higher education that submit applications for such  
3           a grant leverage local or institutional resources, in-  
4           cluding in-kind contributions, to support the activi-  
5           ties assisted under this section;”;

6           (C) by redesignating paragraph (2) as  
7           paragraph (3);

8           (D) by inserting after paragraph (1), the  
9           following:

10          “(2) to institutions of higher education that,  
11          compared to other institutions of higher education  
12          that submit applications for such a grant, dem-  
13          onstrate a high likelihood of need for campus-based  
14          child care based on student demographics (such as  
15          a high proportion of low-income students or inde-  
16          pendent students); and”;

17          (E) in paragraph (3) (as redesignated by  
18          subparagraph (C)), by inserting “to institutions  
19          of higher education that submit applications de-  
20          scribing programs that” before “utilize”; and  
21          (4) in subsection (e)—

22          (A) in paragraph (1)(B)—

23                  (i) by redesignating clauses (ii), (iii),  
24                  and (iv) as clauses (vi), (vii), and (viii), re-  
25                  spectively; and

1                   (ii) by striking the semicolon at the  
2                   end of clause (i) and inserting the fol-  
3                   lowing: “, which shall include—

4                   “(I) the number of full- and part-  
5                   time students, respectively, receiving  
6                   child care services under this section  
7                   at least once per week during the aca-  
8                   demic year;

9                   “(II) the number of credits accu-  
10                  mulated by students receiving such  
11                  child care services; and

12                  “(III) the number of students re-  
13                  ceiving child care services under this  
14                  section at least once per week during  
15                  the academic year who—

16                  “(aa) remain enrolled at the  
17                  institution during the academic  
18                  year for which they received such  
19                  services;

20                  “(bb) enroll at the institu-  
21                  tion for the following academic  
22                  year; and

23                  “(cc) graduate or transfer  
24                  within—

1                   “(AA) 150 percent of  
2                   the normal time for comple-  
3                   tion of a student’s four-year  
4                   degree granting program; or

5                   “(BB) 200 percent of  
6                   the normal time for comple-  
7                   tion of a student’s two-year  
8                   degree-granting program;

9                   “(ii) with respect to the total student  
10                  enrollment at the institution and the total  
11                  enrollment of low-income students at the  
12                  institution, respectively—

13                  “(I) the rate at which students  
14                  who complete an academic year at the  
15                  institution re-enroll in the institution  
16                  for the following academic year; and

17                  “(II) the percentage of students  
18                  graduating or transferring within—

19                  “(aa) 150 percent of the  
20                  normal time for completion of a  
21                  student’s four-year degree grant-  
22                  ing program; or

23                  “(bb) 200 percent of the  
24                  normal time for completion of a

1 student's two-year degree grant-  
2 ing program;

3 “(iii) the percentage of the institu-  
4 tion's grant that was used directly to sub-  
5 sidize the fee charged for on-campus and  
6 off-campus childcare, respectively, for low-  
7 income students;

8 “(iv) whether the institution restricts  
9 eligibility for child care services to only  
10 full-time students;

11 “(v) the sufficiently ambitious levels  
12 of performance established for such year  
13 by the institution that demonstrate mean-  
14 ingful progress and allow for meaningful  
15 evaluation of program quality based on the  
16 information in clauses (i)(III) and (iii);”;

17 (B) by redesignating paragraph (2) as  
18 paragraph (3);

19 (C) by inserting after paragraph (1) the  
20 following:

21 “(2) REPORT.—

22 “(A) REPORT REQUIRED.—On an annual  
23 basis, the Secretary shall submit to the author-  
24 izing committees a report that includes—

1 “(i) a summary of the information de-  
2 scribed in paragraph (1); and

3 “(ii) each abstract submitted under  
4 subsection (c)(1)(M) by an institution of  
5 higher education that receives a grant  
6 under this section.

7 “(B) PUBLIC AVAILABILITY.—The Sec-  
8 retary shall make each report submitted under  
9 subparagraph (A) publicly available.”;

10 (D) in paragraph (3), as so redesignated,  
11 by inserting “(other than the information pro-  
12 vided under subparagraph (B)(v) of such para-  
13 graph)” after “paragraph (1)”; and

14 (E) by adding at the end the following:

15 “(4) TECHNICAL ASSISTANCE.—The Secretary  
16 shall provide technical assistance to institutions of  
17 higher education receiving grants under this section  
18 to help such institutions meet the reporting require-  
19 ments under this subsection.”;

20 (5) by redesignating subsection (g) as sub-  
21 section (h);

22 (6) by inserting after subsection (f) the fol-  
23 lowing:

24 “(g) NONDISCRIMINATION.—No person in the United  
25 States shall, on the basis of actual or perceived race, color,

1 religion, national origin, sex (including sexual orientation,  
2 gender identity, pregnancy, childbirth, a medical condition  
3 related to pregnancy or childbirth, and sex stereotype), or  
4 disability, be excluded from participation in, be denied the  
5 benefits of, or be subjected to discrimination by any pro-  
6 gram funded, in whole or in part, with funds made avail-  
7 able under this section or with amounts appropriated for  
8 grants, contracts, or certificates administered with such  
9 funds.”; and

10 (7) in subsection (h), as so redesignated, by  
11 striking “such sums as may be necessary for fiscal  
12 year 2009” and inserting “\$200,000,000 for fiscal  
13 year 2023”.

14 **SEC. 5005. EVALUATION OF APPLICATIONS FOR ASSIST-**  
15 **ANCE UNDER CHOICE NEIGHBORHOODS INI-**  
16 **TIATIVE.**

17 In providing assistance for fiscal year 2023 and any  
18 fiscal year thereafter under the Choice Neighborhoods Ini-  
19 tiative of the Secretary of Housing and Urban Develop-  
20 ment (pursuant to section 24 of the United States Hous-  
21 ing Act of 1937 (42 U.S.C. 1437v)), the Secretary shall  
22 consider early care and learning facilities for children as  
23 a neighborhood asset for purposes of evaluating applica-  
24 tions for planning and implementation grants, shall ensure  
25 that any metric for evaluating such applications gives

1 credit for the provision of early care and learning facilities  
2 under a neighborhood plan, and shall include early care  
3 and learning facilities as such an asset in any Notice of  
4 Funding Availability for any such fiscal year.

5 **TITLE VI—HONORING FAMILY-**  
6 **FRIENDLY WORKPLACES**

7 **SEC. 6001. DEFINITIONS.**

8 In this title:

9 (1) EMPLOYEE; EMPLOYER.—The terms “em-  
10 ployee” and “employer” have the meanings given  
11 such terms in section 3 of the Fair Labor Standards  
12 Act of 1938 (29 U.S.C. 203).

13 (2) SECRETARY.—The term “Secretary” means  
14 the Secretary of Labor.

15 (3) SERIOUS HEALTH CONDITION.—The term  
16 “serious health condition” has the meaning given  
17 such term in section 101 of the Family and Medical  
18 Leave Act of 1993 (29 U.S.C. 2611).

19 **SEC. 6002. CERTIFICATION PROGRAM ESTABLISHED.**

20 (a) IN GENERAL.—The Secretary shall establish a  
21 national certification program to award certifications to  
22 recognize employers that have a commitment to helping  
23 employees balance employment responsibilities and family  
24 obligations (referred to in this section as “family-friendly  
25 certifications”).



1       (b) CRITERIA FOR CERTIFICATION.—In order to be  
2 eligible to receive a family-friendly certification, an em-  
3 ployer shall carry out each of the following family-friendly  
4 employment policies and benefits:

5           (1) Assistance paying for, or referring employ-  
6 ees to, fertility or adoption services.

7           (2) Paid family leave of not less than 12 weeks  
8 per year, including the option to use leave for any  
9 of the following reasons:

10           (A) The birth of a child of the employee  
11 and in order to care for such child.

12           (B) The placement of a child with the em-  
13 ployee for adoption or foster care.

14           (C) To address the serious health condi-  
15 tion, including pregnancy, childbirth, or preg-  
16 nancy loss, of the employee.

17           (D) To address the serious health condi-  
18 tion of a family member.

19           (E) For specific military caregiving and  
20 leave.

21           (3) Paid sick days for employees that are sepa-  
22 rate from time accrued as part of a paid time off  
23 policy.

1           (4) A subsidy for child care or policies that  
2       allow parents to work alongside their infants in safe  
3       settings.

4           (5) Policies that allow for flexible hours once a  
5       parent returns to work after a birth, adoption, or  
6       foster care placement.

7           (6) If feasible, policies that allow employees to  
8       work remotely as needed for reasons related to the  
9       care of a child.

10          (7) Lactation support, such as reimbursement  
11       of expressed breastmilk delivery while on travel, ac-  
12       cess to pumps, kits, and other lactation supplies and  
13       amenities, and access to lactation consultants and  
14       support.

15       (c) APPLICATION.—An employer who desires to re-  
16       ceive a family-friendly certification from the Secretary  
17       under this section shall submit an application to the Sec-  
18       retary at such time, containing such information, and in  
19       such manner as the Secretary may require.

20       (d) AWARD OF CERTIFICATION.—The Secretary shall  
21       review applications submitted under subsection (c) and  
22       award a family-friendly certification to an employer whose  
23       application demonstrates that the employer has met the  
24       requirements established under subsection (b) regarding  
25       family-friendly policies and benefits.

1 **TITLE VII—MOTHERS AND OFF-**  
2 **SPRING MORTALITY AND**  
3 **MORBIDITY AWARENESS**

4 **SEC. 7001. IMPROVING FEDERAL EFFORTS WITH RESPECT**  
5 **TO PREVENTION OF MATERNAL MORTALITY.**

6 (a) TECHNICAL ASSISTANCE FOR STATES WITH RE-  
7 SPECT TO REPORTING MATERNAL MORTALITY.—Not  
8 later than one year after the date of enactment of this  
9 Act, the Director of the Centers for Disease Control and  
10 Prevention (referred to in this section as the “Director”),  
11 in consultation with the Administrator of the Health Re-  
12 sources and Services Administration, shall provide tech-  
13 nical assistance to States that elect to report comprehen-  
14 sive data on maternal mortality and factors relating to  
15 such mortality (including oral and mental health), inti-  
16 mate partner violence, and breastfeeding health informa-  
17 tion, for the purpose of encouraging uniformity in the re-  
18 porting of such data and to encourage the sharing of such  
19 data among the respective States.

20 (b) BEST PRACTICES RELATING TO PREVENTION OF  
21 MATERNAL MORTALITY.—

22 (1) IN GENERAL.—Not later than one year  
23 after the date of enactment of this Act—

24 (A) the Director, in consultation with rel-  
25 evant patient and provider groups, shall issue

1 best practices to State maternal mortality re-  
2 view committees on how best to identify and re-  
3 view maternal mortality cases, taking into ac-  
4 count any data made available by States relat-  
5 ing to maternal mortality, including data on  
6 oral, mental, and breastfeeding health, and uti-  
7 lization of any emergency services; and

8 (B) the Director, working in collaboration  
9 with the Health Resources and Services Admin-  
10 istration, shall issue best practices to hospitals,  
11 State professional society groups, and perinatal  
12 quality collaboratives on how best to prevent  
13 maternal mortality.

14 (2) AUTHORIZATION OF APPROPRIATIONS.—For  
15 purposes of carrying out this subsection, there is au-  
16 thorized to be appropriated \$5,000,000 for each of  
17 fiscal years 2023 through 2027.

18 (c) ALLIANCE FOR INNOVATION ON MATERNAL  
19 HEALTH GRANT PROGRAM.—

20 (1) IN GENERAL.—Not later than one year  
21 after the date of enactment of this Act, the Sec-  
22 retary of Health and Human Services (referred to in  
23 this subsection as the “Secretary”), acting through  
24 the Associate Administrator of the Maternal and  
25 Child Health Bureau of the Health Resources and

1 Services Administration, shall establish a grant pro-  
2 gram to be known as the Alliance for Innovation on  
3 Maternal Health Grant Program (referred to in this  
4 subsection as “AIM”) under which the Secretary  
5 shall award grants to eligible entities for the purpose  
6 of—

7 (A) directing widespread adoption and im-  
8 plementation of maternal safety bundles  
9 through collaborative State-based teams; and

10 (B) collecting and analyzing process, struc-  
11 ture, and outcome data to drive continuous im-  
12 provement in the implementation of such safety  
13 bundles by such State-based teams with the ul-  
14 timate goal of eliminating preventable maternal  
15 mortality and severe maternal morbidity in the  
16 United States.

17 (2) ELIGIBLE ENTITIES.—In order to be eligi-  
18 ble for a grant under paragraph (1), an entity  
19 shall—

20 (A) submit to the Secretary an application  
21 at such time, in such manner, and containing  
22 such information as the Secretary may require;  
23 and

24 (B) demonstrate in such application that  
25 the entity is an interdisciplinary, multi-stake-

holder, national organization with a national data-driven maternal safety and quality improvement initiative based on implementation approaches that have been proven to improve maternal safety and outcomes in the United States.

(3) USE OF FUNDS.—An eligible entity that receives a grant under paragraph (1) shall use such grant funds—

(A) to develop and implement, through a robust, multi-stakeholder process, maternal safety bundles to assist States, perinatal quality collaboratives, and health care systems in aligning national, State, and hospital-level quality improvement efforts to improve maternal health outcomes, specifically the reduction of maternal mortality and severe maternal morbidity;

(B) to ensure, in developing and implementing maternal safety bundles under subparagraph (A), that such maternal safety bundles—

(i) satisfy the quality improvement needs of a State, perinatal quality collaborative, or health care system by factoring in the results and findings of relevant data

1 reviews, such as reviews conducted by a  
2 State maternal mortality review committee;  
3 and

4 (ii) address topics which may in-  
5 clude—

6 (I) information on evidence-based  
7 practices to improve the quality and  
8 safety of maternal health care in hos-  
9 pitals and other health care settings  
10 of a State or health care system, in-  
11 cluding by addressing topics com-  
12 monly associated with health com-  
13 plications or risks related to prenatal  
14 care, labor care, birthing, and post-  
15 partum care;

16 (II) best practices for improving  
17 maternal health care based on data  
18 findings and reviews conducted by a  
19 State maternal mortality review com-  
20 mittee that address topics of relevance  
21 to common complications or health  
22 risks related to prenatal care, labor  
23 care, birthing, and postpartum care;

24 (III) information on addressing  
25 determinants of health that impact

1 maternal health outcomes for women  
2 before, during, and after pregnancy;  
3 (IV) obstetric hemorrhage;  
4 (V) obstetric and postpartum  
5 care for women with substance use  
6 disorders, including opioid use dis-  
7 order;  
8 (VI) maternal cardiovascular sys-  
9 tem;  
10 (VII) maternal mental health;  
11 (VIII) postpartum care basics for  
12 maternal safety;  
13 (IX) reduction of peripartum ra-  
14 cial and ethnic disparities;  
15 (X) reduction of primary cae-  
16 sarean birth;  
17 (XI) severe hypertension in preg-  
18 nancy;  
19 (XII) severe maternal morbidity  
20 reviews;  
21 (XIII) support after a severe ma-  
22 ternal morbidity event;  
23 (XIV) thromboembolism;  
24 (XV) optimization of support for  
25 breastfeeding;



1 (XVI) maternal oral health; and  
2 (XVII) intimate partner violence;  
3 and

4 (C) to provide ongoing technical assistance  
5 at the national and State levels to support im-  
6 plementation of maternal safety bundles under  
7 subparagraph (A).

8 (4) MATERNAL SAFETY BUNDLE DEFINED.—  
9 For purposes of this subsection, the term “maternal  
10 safety bundle” means standardized, evidence-in-  
11 formed processes for maternal health care.

12 (5) AUTHORIZATION OF APPROPRIATIONS.—For  
13 purposes of carrying out this subsection, there is au-  
14 thorized to be appropriated \$10,000,000 for each of  
15 fiscal years 2023 through 2027.

16 (d) FUNDING FOR STATE-BASED PERINATAL QUAL-  
17 ITY COLLABORATIVES DEVELOPMENT AND SUSTAIN-  
18 ABILITY.—

19 (1) IN GENERAL.—Not later than one year  
20 after the date of enactment of this Act, the Sec-  
21 retary of Health and Human Services (referred to in  
22 this subsection as the “Secretary”), acting through  
23 the Division of Reproductive Health of the Centers  
24 for Disease Control and Prevention, shall establish a  
25 grant program to be known as the State-Based

1 Perinatal Quality Collaborative grant program under  
2 which the Secretary awards grants to eligible entities  
3 for the purpose of development and sustainability of  
4 perinatal quality collaboratives in every State, the  
5 District of Columbia, and eligible territories, in  
6 order to measurably improve perinatal care and  
7 perinatal health outcomes for pregnant and  
8 postpartum women and their infants.

9 (2) GRANT AMOUNTS.—Grants awarded under  
10 this subsection shall be in amounts not to exceed  
11 \$250,000 per year, for the duration of the grant pe-  
12 riod.

13 (3) STATE-BASED PERINATAL QUALITY COL-  
14 LABORATIVE DEFINED.—For purposes of this sub-  
15 section, the term “State-based perinatal quality col-  
16 laborative” means a network of teams that—

17 (A) is multidisciplinary in nature and in-  
18 cludes the full range of perinatal and maternity  
19 care providers;

20 (B) works to improve measurable outcomes  
21 for maternal and infant health by advancing  
22 evidence-informed clinical practices using qual-  
23 ity improvement principles;

24 (C) works with hospital-based or out-  
25 patient facility-based clinical teams, experts,

1 and stakeholders, including patients and fami-  
2 lies, to spread best practices and optimize re-  
3 sources to improve perinatal care and outcomes;

4 (D) employs strategies that include the use  
5 of the collaborative learning model to provide  
6 opportunities for hospitals and clinical teams to  
7 collaborate on improvement strategies, rapid-re-  
8 sponse data to provide timely feedback to hos-  
9 pital and other clinical teams to track progress,  
10 and quality improvement science to provide sup-  
11 port and coaching to hospital and clinical  
12 teams;

13 (E) has the goal of improving population-  
14 level outcomes in maternal and infant health;  
15 and

16 (F) has the goal of improving outcomes of  
17 all birthing people, through the coordination,  
18 integration, and collaboration across birth set-  
19 tings.

20 (4) AUTHORIZATION OF APPROPRIATIONS.—For  
21 purposes of carrying out this subsection, there is au-  
22 thorized to be appropriated \$14,000,000 per year  
23 for each of fiscal years 2023 through 2027.

24 (e) EXPANSION OF MEDICAID AND CHIP COVERAGE  
25 FOR PREGNANT AND POSTPARTUM WOMEN.—

1           (1) REQUIRING COVERAGE OF ORAL HEALTH  
2 SERVICES FOR PREGNANT AND POSTPARTUM  
3 WOMEN.—

4           (A) MEDICAID.—Section 1905 of the So-  
5 cial Security Act (42 U.S.C. 1396d) is amend-  
6 ed—

7           (i) in subsection (a)(4)—

8                 (I) by striking “; and (F)” and  
9                 inserting “; (F)”; and

10            (II) by inserting “; and (G) oral  
11            health services for pregnant and  
12            postpartum women (as defined in sub-  
13            section (jj))” after “if otherwise cov-  
14            ered under the State plan (or waiver  
15            of such plan)”; and

16           (ii) by adding at the end the following  
17           new subsection:

18           “(jj) ORAL HEALTH SERVICES FOR PREGNANT AND  
19 POSTPARTUM WOMEN.—

20                 “(1) IN GENERAL.—For purposes of this title,  
21           the term ‘oral health services for pregnant and  
22           postpartum women’ means dental services necessary  
23           to prevent disease and promote oral health, restore  
24           oral structures to health and function, and treat  
25           emergency conditions that are furnished to a woman

1 during pregnancy (or during the 1-year period be-  
2 ginning on the last day of the pregnancy).

3 “(2) COVERAGE REQUIREMENTS.—To satisfy  
4 the requirement to provide oral health services for  
5 pregnant and postpartum women, a State shall, at  
6 a minimum, provide coverage for preventive, diag-  
7 nostic, periodontal, and restorative care consistent  
8 with recommendations for perinatal oral health care  
9 and dental care during pregnancy from the Amer-  
10 ican Academy of Pediatric Dentistry and the Amer-  
11 ican College of Obstetricians and Gynecologists.”.

12 (B) CHIP.—Section 2103(c)(6)(A) of the  
13 Social Security Act (42 U.S.C.  
14 1397cc(c)(6)(A)) is amended by inserting “or a  
15 targeted low-income pregnant woman” after  
16 “targeted low-income child”.

17 (2) EXTENDING MEDICAID COVERAGE FOR  
18 PREGNANT AND POSTPARTUM WOMEN.—Section  
19 1902 of the Social Security Act (42 U.S.C. 1396a)  
20 is amended—

21 (A) in subsection (e)—

22 (i) in paragraph (5)—

23 (I) by inserting “(including oral  
24 health services for pregnant and  
25 postpartum women (as defined in sec-

1                   tion 1905(hh)))” after “postpartum  
2                   medical assistance under the plan”;  
3                   and

4                   (II) by striking “60-day” and in-  
5                   serting “1-year”; and

6                   (ii) in paragraph (6), by striking “60-  
7                   day” and inserting “1-year”; and

8                   (B) in subsection (l)(1)(A), by striking  
9                   “60-day” and inserting “1-year”.

10               (3) EXTENDING MEDICAID COVERAGE FOR  
11               LAWFUL RESIDENTS.—Section 1903(v)(4)(A)(i) of  
12               the Social Security Act (42 U.S.C.  
13               1396b(v)(4)(A)(i)) is amended by striking “60-day”  
14               and inserting “1-year”.

15               (4) EXTENDING CHIP COVERAGE FOR PREG-  
16               NANT AND POSTPARTUM WOMEN.—Section  
17               2112(d)(2)(A) of the Social Security Act (42 U.S.C.  
18               1397ll(d)(2)(A)) is amended to read as follows:

19                   “(A) during pregnancy and through the  
20                   end of the month in which the 1-year period  
21                   (including in the case that subparagraph (A) of  
22                   section 1902(e)(16) applies to the State child  
23                   health plan (or waiver of such plan), pursuant  
24                   to section 2107(e)(1)), beginning on the last  
25                   day of her pregnancy ends;”.

1 (5) MAINTENANCE OF EFFORT.—

2 (A) MEDICAID.—Section 1902(l) of the So-  
3 cial Security Act (42 U.S.C. 1396a(l)) is  
4 amended by adding at the end the following  
5 new paragraph:

6 “(5) During the period that begins on the date of  
7 enactment of this paragraph and ends on the date that  
8 is five years after such date of enactment, as a condition  
9 for receiving any Federal payments under section 1903(a)  
10 for calendar quarters occurring during such period, a  
11 State shall not have in effect, with respect to women who  
12 are eligible for medical assistance under the State plan  
13 or under a waiver of such plan on the basis of being preg-  
14 nant or having been pregnant, eligibility standards, meth-  
15 odologies, or procedures under the State plan or waiver  
16 that are more restrictive than the eligibility standards,  
17 methodologies, or procedures, respectively, under such  
18 plan or waiver that are in effect on the date of enactment  
19 of this paragraph.”.

20 (B) CHIP.—Section 2105(d) of the Social  
21 Security Act (42 U.S.C. 1397ee(d)) is amended  
22 by adding at the end the following new para-  
23 graph:

24 “(4) IN ELIGIBILITY STANDARDS FOR TAR-  
25 GETED LOW-INCOME PREGNANT WOMEN.—During

1 the period that begins on the date of enactment of  
2 this paragraph and ends on the date that is five  
3 years after such date of enactment, as a condition  
4 of receiving payments under subsection (a) and sec-  
5 tion 1903(a), a State that elects to provide assist-  
6 ance to women on the basis of being pregnant (in-  
7 cluding pregnancy-related assistance provided to tar-  
8 geted low-income pregnant women (as defined in  
9 section 2112(d)), pregnancy-related assistance pro-  
10 vided to women who are eligible for such assistance  
11 through application of section 1902(v)(4)(A)(i)  
12 under section 2107(e)(1), or any other assistance  
13 under the State child health plan (or a waiver of  
14 such plan) which is provided to women on the basis  
15 of being pregnant) shall not have in effect, with re-  
16 spect to such women, eligibility standards, meth-  
17 odologies, or procedures under such plan (or waiver)  
18 that are more restrictive than the eligibility stand-  
19 ards, methodologies, or procedures, respectively,  
20 under such plan (or waiver) that are in effect on the  
21 date of enactment of this paragraph.”.

22 (6) INFORMATION ON BENEFITS.—The Sec-  
23 retary of Health and Human Services shall make  
24 publicly available on the internet website of the De-  
25 partment of Health and Human Services, informa-



tion regarding benefits available to pregnant and postpartum women and under the Medicaid program and the Children’s Health Insurance Program, including information on—

(A) benefits that States are required to provide to pregnant and postpartum women under such programs;

(B) optional benefits that States may provide to pregnant and postpartum women under such programs; and

(C) the availability of different kinds of benefits for pregnant and postpartum women, including oral health and mental health benefits, under such programs.

(7) FEDERAL FUNDING FOR COST OF EXTENDED MEDICAID AND CHIP COVERAGE FOR POSTPARTUM WOMEN.—

(A) MEDICAID.—Section 1905 of the Social Security Act (42 U.S.C. 1396d), as amended by paragraph (1), is further amended—

- (i) in subsection (b), by striking “and
- (ii)” and inserting “(ii), and (kk)”; and
- (ii) by adding at the end the following:

1       “(kk) INCREASED FMAP FOR EXTENDED MEDICAL  
2 ASSISTANCE FOR POSTPARTUM WOMEN.—Notwith-  
3 standing subsection (b), the Federal medical assistance  
4 percentage for a State, with respect to amounts expended  
5 by such State for medical assistance for a woman who is  
6 eligible for such assistance on the basis of being pregnant  
7 or having been pregnant that is provided during the 305-  
8 day period that begins on the 60th day after the last day  
9 of her pregnancy (including any such assistance provided  
10 during the month in which such period ends), shall be  
11 equal to—

12               “(1) 100 percent for the first 20 calendar quar-  
13 ters during which this subsection is in effect; and

14               “(2) 90 percent for calendar quarters there-  
15 after.”.

16               (B) CHIP.—Section 2105(c) of the Social  
17 Security Act (42 U.S.C. 1397ee(c)) is amended  
18 by adding at the end the following new para-  
19 graph:

20               “(13) ENHANCED PAYMENT FOR EXTENDED  
21 ASSISTANCE PROVIDED TO PREGNANT WOMEN.—  
22 Notwithstanding subsection (b), the enhanced  
23 FMAP, with respect to payments under subsection  
24 (a) for expenditures under the State child health  
25 plan (or a waiver of such plan) for assistance pro-

1        vided under the plan (or waiver) to a woman who is  
2        eligible for such assistance on the basis of being  
3        pregnant (including pregnancy-related assistance  
4        provided to a targeted low-income pregnant woman  
5        (as defined in section 2112(d)), pregnancy-related  
6        assistance provided to a woman who is eligible for  
7        such assistance through application of section  
8        1902(v)(4)(A)(i) under section 2107(e)(1), or any  
9        other assistance under the plan (or waiver) provided  
10       to a woman who is eligible for such assistance on the  
11       basis of being pregnant) during the 305-day period  
12       that begins on the 60th day after the last day of her  
13       pregnancy (including any such assistance provided  
14       during the month in which such period ends), shall  
15       be equal to—

16                “(A) 100 percent for the first 20 calendar  
17                quarters during which this paragraph is in ef-  
18                fect; and

19                “(B) 90 percent for calendar quarters  
20                thereafter.”.

21                (8) GUIDANCE ON STATE OPTIONS FOR MED-  
22                ICAID COVERAGE OF DOULA SERVICES.—Not later  
23                than 1 year after the date of the enactment of this  
24                Act, the Secretary of Health and Human Services,  
25                acting through the Administrator of the Centers for

1 Medicare & Medicaid Services, shall issue guidance  
2 for the States concerning options for Medicaid cov-  
3 erage and payment for support services provided by  
4 doulas.

5 (9) EFFECTIVE DATE.—

6 (A) IN GENERAL.—Subject to subpara-  
7 graph (B), the amendments made by this sub-  
8 section shall take effect on the first day of the  
9 first calendar quarter that begins on or after  
10 the date that is one year after the date of en-  
11 actment of this Act.

12 (B) EXCEPTION FOR STATE LEGISLA-  
13 TION.—In the case of a State plan under title  
14 XIX of the Social Security Act or a State child  
15 health plan under title XXI of such Act that  
16 the Secretary of Health and Human Services  
17 determines requires State legislation in order  
18 for the respective plan to meet any requirement  
19 imposed by amendments made by this sub-  
20 section, the respective plan shall not be re-  
21 garded as failing to comply with the require-  
22 ments of such title solely on the basis of its fail-  
23 ure to meet such an additional requirement be-  
24 fore the first day of the first calendar quarter  
25 beginning after the close of the first regular

1 session of the State legislature that begins after  
 2 the date of enactment of this Act. For purposes  
 3 of the previous sentence, in the case of a State  
 4 that has a 2-year legislative session, each year  
 5 of the session shall be considered to be a sepa-  
 6 rate regular session of the State legislature.

7 (f) REGIONAL CENTERS OF EXCELLENCE.—Part P  
 8 of title III of the Public Health Service Act (42 U.S.C.  
 9 280g et seq.) is amended by adding at the end the fol-  
 10 lowing new section:

11 **“SEC. 399V-7. REGIONAL CENTERS OF EXCELLENCE AD-**  
 12 **DRESSING IMPLICIT BIAS AND CULTURAL**  
 13 **COMPETENCY IN PATIENT-PROVIDER INTER-**  
 14 **ACTIONS EDUCATION.**

15 “(a) IN GENERAL.—Not later than one year after the  
 16 date of enactment of this section, the Secretary, in con-  
 17 sultation with such other agency heads as the Secretary  
 18 determines appropriate, shall award cooperative agree-  
 19 ments for the establishment or support of regional centers  
 20 of excellence addressing implicit bias, cultural competency,  
 21 and respectful care practices in patient-provider inter-  
 22 actions education for the purpose of enhancing and im-  
 23 proving how health care professionals are educated in im-  
 24 plicit bias and delivering culturally competent health care.

1       “(b) ELIGIBILITY.—To be eligible to receive a cooper-  
2     ative agreement under subsection (a), an entity shall—

3               “(1) be a public or other nonprofit entity speci-  
4     fied by the Secretary that provides educational and  
5     training opportunities for students and health care  
6     professionals, which may be a health system, teach-  
7     ing hospital, community health center, medical  
8     school, school of public health, school of nursing,  
9     dental school, social work school, school of profes-  
10    sional psychology, or any other health professional  
11    school or program at an institution of higher edu-  
12    cation (as defined in section 101 of the Higher Edu-  
13    cation Act of 1965) focused on the prevention, treat-  
14    ment, or recovery of health conditions that con-  
15    tribute to maternal mortality and the prevention of  
16    maternal mortality and severe maternal morbidity;

17              “(2) demonstrate community engagement and  
18    participation, such as through partnerships with  
19    home visiting and case management programs;

20              “(3) demonstrate engagement with groups en-  
21    gaged in the implementation of health care profes-  
22    sional training in implicit bias and delivering cul-  
23    turally competent care, such as departments of pub-  
24    lic health, perinatal quality collaboratives, hospital  
25    systems, and health care professional groups, in

1 order to obtain input on resources needed for effective  
2 implementation strategies; and

3 “(4) provide to the Secretary such information,  
4 at such time and in such manner, as the Secretary  
5 may require.

6 “(c) DIVERSITY.—In awarding a cooperative agree-  
7 ment under subsection (a), the Secretary shall take into  
8 account any regional differences among eligible entities  
9 and make an effort to ensure geographic diversity among  
10 award recipients.

11 “(d) DISSEMINATION OF INFORMATION.—

12 “(1) PUBLIC AVAILABILITY.—The Secretary  
13 shall make publicly available on the internet website  
14 of the Department of Health and Human Services  
15 information submitted to the Secretary under sub-  
16 section (b)(3).

17 “(2) EVALUATION.—The Secretary shall evalu-  
18 ate each regional center of excellence established or  
19 supported pursuant to subsection (a) and dissemi-  
20 nate the findings resulting from each such evalua-  
21 tion to the appropriate public and private entities.

22 “(3) DISTRIBUTION.—The Secretary shall share  
23 evaluations and overall findings with State depart-  
24 ments of health and other relevant State level offices  
25 to inform State and local best practices.

1       “(e) MATERNAL MORTALITY DEFINED.—In this sec-  
 2       tion, the term ‘maternal mortality’ means death of a  
 3       woman that occurs during pregnancy or within the one-  
 4       year period following the end of such pregnancy.

5       “(f) AUTHORIZATION OF APPROPRIATIONS.—For  
 6       purposes of carrying out this section, there is authorized  
 7       to be appropriated \$5,000,000 for each of fiscal years  
 8       2023 through 2027.”.

9       (g) SPECIAL SUPPLEMENTAL NUTRITION PROGRAM  
 10      FOR WOMEN, INFANTS, AND CHILDREN.—Section  
 11      17(d)(3)(A)(ii) of the Child Nutrition Act of 1966 (42  
 12      U.S.C. 1786(d)(3)(A)(ii)) is amended—

13               (1) by striking the clause designation and head-  
 14               ing and all that follows through “A State” and in-  
 15               serting the following:

16                               “(ii) WOMEN.—

17                                       “(I) BREASTFEEDING WOMEN.—  
 18                               A State”;

19               (2) in subclause (I) (as so designated), by strik-  
 20               ing “1 year” and all that follows through “earlier”  
 21               and inserting “2 years postpartum”; and

22               (3) by adding at the end the following:

23                               “(II) POSTPARTUM WOMEN.—A  
 24                               State may elect to certify a postpar-  
 25                               tum woman for a period of 2 years.”.



1 (h) DEFINITIONS.—In this section:

2 (1) MATERNAL MORTALITY.—The term “mater-  
3 nal mortality” means death of a woman that occurs  
4 during pregnancy or within the one-year period fol-  
5 lowing the end of such pregnancy.

6 (2) PREGNANCY RELATED DEATH.—The term  
7 “pregnancy related death” includes the death of a  
8 woman during pregnancy or within one year of the  
9 end of pregnancy from a pregnancy complication, a  
10 chain of events initiated by pregnancy, or the aggra-  
11 vation of an unrelated condition by the physiologic  
12 effects of pregnancy.

13 (3) SEVERE MATERNAL MORBIDITY.—The term  
14 “severe maternal morbidity” includes unexpected  
15 outcomes of labor and delivery that result in signifi-  
16 cant short-term or long-term consequences to a  
17 woman’s health.

18 **SEC. 7002. INCREASING EXCISE TAXES ON CIGARETTES**  
19 **AND ESTABLISHING EXCISE TAX EQUITY**  
20 **AMONG ALL TOBACCO PRODUCT TAX RATES.**

21 (a) TAX PARITY FOR ROLL-YOUR-OWN TOBACCO.—  
22 Section 5701(g) of the Internal Revenue Code of 1986 is  
23 amended by striking “\$24.78” and inserting “\$49.56”.

1 (b) TAX PARITY FOR PIPE TOBACCO.—Section  
2 5701(f) of the Internal Revenue Code of 1986 is amended  
3 by striking “\$2.8311 cents” and inserting “\$49.56”.

4 (c) TAX PARITY FOR SMOKELESS TOBACCO.—

5 (1) Section 5701(e) of the Internal Revenue  
6 Code of 1986 is amended—

7 (A) in paragraph (1), by striking “\$1.51”  
8 and inserting “\$26.84”;

9 (B) in paragraph (2), by striking “50.33  
10 cents” and inserting “\$10.74”; and

11 (C) by adding at the end the following:

12 “(3) SMOKELESS TOBACCO SOLD IN DISCRETE  
13 SINGLE-USE UNITS.—On discrete single-use units,  
14 \$100.66 per thousand.”.

15 (2) Section 5702(m) of such Code is amend-  
16 ed—

17 (A) in paragraph (1), by striking “or chew-  
18 ing tobacco” and inserting “, chewing tobacco,  
19 or discrete single-use unit”;

20 (B) in paragraphs (2) and (3), by inserting  
21 “that is not a discrete single-use unit” before  
22 the period in each such paragraph; and

23 (C) by adding at the end the following:

24 “(4) DISCRETE SINGLE-USE UNIT.—The term  
25 ‘discrete single-use unit’ means any product con-

1       taining, made from, or derived from tobacco or nico-  
2       tine that—

3               “(A) is not intended to be smoked; and

4               “(B) is in the form of a lozenge, tablet,  
5       pill, pouch, dissolvable strip, or other discrete  
6       single-use or single-dose unit.”.

7       (d) TAX PARITY FOR SMALL CIGARS.—Paragraph  
8       (1) of section 5701(a) of the Internal Revenue Code of  
9       1986 is amended by striking “\$50.33” and inserting  
10      “\$100.66”.

11      (e) TAX PARITY FOR LARGE CIGARS.—

12              (1) IN GENERAL.—Paragraph (2) of section  
13      5701(a) of the Internal Revenue Code of 1986 is  
14      amended by striking “52.75 percent” and all that  
15      follows through the period and inserting the fol-  
16      lowing: “\$49.56 per pound and a proportionate tax  
17      at the like rate on all fractional parts of a pound but  
18      not less than 10.066 cents per cigar.”.

19              (2) GUIDANCE.—The Secretary of the Treas-  
20      ury, or the Secretary’s delegate, may issue guidance  
21      regarding the appropriate method for determining  
22      the weight of large cigars for purposes of calculating  
23      the applicable tax under section 5701(a)(2) of the  
24      Internal Revenue Code of 1986.

1       (f) TAX PARITY FOR ROLL-YOUR-OWN TOBACCO  
2 AND CERTAIN PROCESSED TOBACCO.—Subsection (o) of  
3 section 5702 of the Internal Revenue Code of 1986 is  
4 amended by inserting “, and includes processed tobacco  
5 that is removed for delivery or delivered to a person other  
6 than a person with a permit provided under section 5713,  
7 but does not include removals of processed tobacco for ex-  
8 portation” after “wrappers thereof”.

9       (g) CLARIFYING TAX RATE FOR OTHER TOBACCO  
10 PRODUCTS.—

11           (1) IN GENERAL.—Section 5701 of the Internal  
12 Revenue Code of 1986 is amended by adding at the  
13 end the following new subsection:

14       “(i) OTHER TOBACCO PRODUCTS.—Any product not  
15 otherwise described under this section that has been deter-  
16 mined to be a tobacco product by the Food and Drug Ad-  
17 ministration through its authorities under the Family  
18 Smoking Prevention and Tobacco Control Act shall be  
19 taxed at a level of tax equivalent to the tax rate for ciga-  
20 rettes on an estimated per use basis as determined by the  
21 Secretary.”.

22           (2) ESTABLISHING PER USE BASIS.—For pur-  
23 poses of section 5701(i) of the Internal Revenue  
24 Code of 1986, not later than 12 months after the  
25 later of the date of the enactment of this Act or the

1 date that a product has been determined to be a to-  
 2 bacco product by the Food and Drug Administra-  
 3 tion, the Secretary of the Treasury (or the Secretary  
 4 of the Treasury's delegate) shall issue final regula-  
 5 tions establishing the level of tax for such product  
 6 that is equivalent to the tax rate for cigarettes on  
 7 an estimated per use basis.

8 (h) CLARIFYING DEFINITION OF TOBACCO PROD-  
 9 UCTS.—

10 (1) IN GENERAL.—Subsection (c) of section  
 11 5702 of the Internal Revenue Code of 1986 is  
 12 amended to read as follows:

13 “(c) TOBACCO PRODUCTS.—The term ‘tobacco prod-  
 14 ucts’ means—

15 “(1) cigars, cigarettes, smokeless tobacco, pipe  
 16 tobacco, and roll-your-own tobacco, and

17 “(2) any other product subject to tax pursuant  
 18 to section 5701(i).”.

19 (2) CONFORMING AMENDMENTS.—Subsection  
 20 (d) of section 5702 of such Code is amended by  
 21 striking “cigars, cigarettes, smokeless tobacco, pipe  
 22 tobacco, or roll-your-own tobacco” each place it ap-  
 23 pears and inserting “tobacco products”.

24 (i) INCREASING TAX ON CIGARETTES.—

1           (1) SMALL CIGARETTES.—Section 5701(b)(1)  
2       of such Code is amended by striking “\$50.33” and  
3       inserting “\$100.66”.

4           (2) LARGE CIGARETTES.—Section 5701(b)(2)  
5       of such Code is amended by striking “\$105.69” and  
6       inserting “\$211.38”.

7       (j) TAX RATES ADJUSTED FOR INFLATION.—Section  
8       5701 of such Code, as amended by subsection (g), is  
9       amended by adding at the end the following new sub-  
10      section:

11      “(j) INFLATION ADJUSTMENT.—

12           “(1) IN GENERAL.—In the case of any calendar  
13      year beginning after 2022, the dollar amounts pro-  
14      vided under this chapter shall each be increased by  
15      an amount equal to—

16           “(A) such dollar amount, multiplied by

17           “(B) the cost-of-living adjustment deter-  
18      mined under section 1(f)(3) for the calendar  
19      year, determined by substituting ‘calendar year  
20      2021’ for ‘calendar year 2016’ in subparagraph  
21      (A)(ii) thereof.

22           “(2) ROUNDING.—If any amount as adjusted  
23      under paragraph (1) is not a multiple of \$0.01, such  
24      amount shall be rounded to the next highest multiple  
25      of \$0.01.”.

1 (k) FLOOR STOCKS TAXES.—

2 (1) IMPOSITION OF TAX.—On tobacco products  
3 manufactured in or imported into the United States  
4 which are removed before any tax increase date and  
5 held on such date for sale by any person, there is  
6 hereby imposed a tax in an amount equal to the ex-  
7 cess of—

8 (A) the tax which would be imposed under  
9 section 5701 of the Internal Revenue Code of  
10 1986 on the article if the article had been re-  
11 moved on such date, over

12 (B) the prior tax (if any) imposed under  
13 section 5701 of such Code on such article.

14 (2) CREDIT AGAINST TAX.—Each person shall  
15 be allowed as a credit against the taxes imposed by  
16 paragraph (1) an amount equal to \$500. Such credit  
17 shall not exceed the amount of taxes imposed by  
18 paragraph (1) on such date for which such person  
19 is liable.

20 (3) LIABILITY FOR TAX AND METHOD OF PAY-  
21 MENT.—

22 (A) LIABILITY FOR TAX.—A person hold-  
23 ing tobacco products on any tax increase date  
24 to which any tax imposed by paragraph (1) ap-  
25 plies shall be liable for such tax.

1 (B) METHOD OF PAYMENT.—The tax im-  
2 posed by paragraph (1) shall be paid in such  
3 manner as the Secretary shall prescribe by reg-  
4 ulations.

5 (C) TIME FOR PAYMENT.—The tax im-  
6 posed by paragraph (1) shall be paid on or be-  
7 fore the date that is 120 days after the effective  
8 date of the tax rate increase.

9 (4) ARTICLES IN FOREIGN TRADE ZONES.—  
10 Notwithstanding the Act of June 18, 1934 (com-  
11 monly known as the Foreign Trade Zone Act, 48  
12 Stat. 998, 19 U.S.C. 81a et seq.), or any other pro-  
13 vision of law, any article which is located in a for-  
14 eign trade zone on any tax increase date shall be  
15 subject to the tax imposed by paragraph (1) if—

16 (A) internal revenue taxes have been deter-  
17 mined, or customs duties liquidated, with re-  
18 spect to such article before such date pursuant  
19 to a request made under the first proviso of  
20 section 3(a) of such Act, or

21 (B) such article is held on such date under  
22 the supervision of an officer of the United  
23 States Customs and Border Protection of the  
24 Department of Homeland Security pursuant to  
25 the second proviso of such section 3(a).



1           (5) DEFINITIONS.—For purposes of this sub-  
2       section—

3           (A) IN GENERAL.—Any term used in this  
4       subsection which is also used in section 5702 of  
5       such Code shall have the same meaning as such  
6       term has in such section.

7           (B) TAX INCREASE DATE.—The term “tax  
8       increase date” means the effective date of any  
9       increase in any tobacco product excise tax rate  
10      pursuant to the amendments made by this sec-  
11      tion (other than subsection (j) thereof).

12          (C) SECRETARY.—The term “Secretary”  
13      means the Secretary of the Treasury or the  
14      Secretary’s delegate.

15          (6) CONTROLLED GROUPS.—Rules similar to  
16      the rules of section 5061(e)(3) of such Code shall  
17      apply for purposes of this subsection.

18          (7) OTHER LAWS APPLICABLE.—All provisions  
19      of law, including penalties, applicable with respect to  
20      the taxes imposed by section 5701 of such Code  
21      shall, insofar as applicable and not inconsistent with  
22      the provisions of this subsection, apply to the floor  
23      stocks taxes imposed by paragraph (1), to the same  
24      extent as if such taxes were imposed by such section  
25      5701. The Secretary may treat any person who bore

1 the ultimate burden of the tax imposed by para-  
2 graph (1) as the person to whom a credit or refund  
3 under such provisions may be allowed or made.

4 (l) EFFECTIVE DATES.—

5 (1) IN GENERAL.—Except as provided in para-  
6 graphs (2) through (4), the amendments made by  
7 this section shall apply to articles removed (as de-  
8 fined in section 5702(j) of the Internal Revenue  
9 Code of 1986) after the last day of the month which  
10 includes the date of the enactment of this Act.

11 (2) DISCRETE SINGLE-USE UNITS AND PROC-  
12 ESSED TOBACCO.—The amendments made by sub-  
13 sections (c)(1)(C), (c)(2), and (f) shall apply to arti-  
14 cles removed (as defined in section 5702(j) of the  
15 Internal Revenue Code of 1986) after the date that  
16 is 6 months after the date of the enactment of this  
17 Act.

18 (3) LARGE CIGARS.—The amendments made by  
19 subsection (e) shall apply to articles removed after  
20 December 31, 2022.

21 (4) OTHER TOBACCO PRODUCTS.—The amend-  
22 ments made by subsection (g)(1) shall apply to prod-  
23 ucts removed after the last day of the month which  
24 includes the date that the Secretary of the Treasury  
25 (or the Secretary of the Treasury's delegate) issues

- 1 final regulations establishing the level of tax for
- 2 such product.

